

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080725

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SHENANDOAH CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

13664 W. STATE ROAD 84  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13664 W. STATE ROAD 84  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 11-3697844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONSON, PAUL E  
49 PRINCEWOOD LANE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SIMONSON, PAUL E  
181 SATINWOOD LANE  
PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

04/30/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LESHAW, ROBERT  
Address: 13664 W. STATE ROAD 84  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBERT S. LESHAW

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

Date