

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116284

FILED
May 31, 2009
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC CARE, INC

Current Principal Place of Business:

930 NE 119 STREET
BISCAYNE PARK, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

930 NE 119 STREET
BISCAYNE PARK, FL 33161 US

New Mailing Address:

FEI Number: 20-0320296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBERT, LAJEUNE
930 NE 119 STREET
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

THE TAX & ACCOUNTING FIRM, INC.
935 NE 125 STREET
NORTH MIAMI, FL 33161 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: JUDY DASILVA

05/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAJEUNE, HUBERT
Address: 930 NE 119 STREET
City-St-Zip: BISCAYNE PARK, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLUCK, DIETER
Address: 930 NE 119 STREET
City-St-Zip: BISCAYNE PARK, FL 33161 US

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: DIETER GLUCK

P

05/31/2009

Electronic Signature of Signing Officer or Director

Date