## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000072678

FILED Apr 17, 2009 Secretary of State

Entity Name: HILLSBOROUGH CHIROPRACTIC CENTER INC.

urrent P	inicipai Flace	of Business:	New Principal Place	or Dusifiess:
	MARTIN LUTH	IER KING		
01 AMPA, F	L 33603			
,	lailing Addres	ss:	New Mailing Addres	s:
	MARTIN LUTH		<b>3</b>	
01		ILIX KINO		
AMPA, F	L 33603			
El Number	: 20-1081649	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	MLK BLVD.,			
AMPA, F	L 33603 US			
he above			purpose of changing its registere	ed office or registered agent, or both
	named entity : e of Florida.		purpose of changing its registere	ed office or registered agent, or both
he above the State	named entity e e of Florida. RE:			ed office or registered agent, or both Date
he above the State	named entity : e of Florida. RE: Electror	submits this statement for the		
he above the State GNATUI	named entity : e of Florida. RE: Electror	submits this statement for the nic Signature of Registered Ag	ent	
he above the State GNATUI lection Car DFFICER	named entity of the property o	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().  TORS:	ent	Date
the above the State SignATUI lection Care DFFICER: ame:	e named entity : e of Florida.  RE: Electror mpaign Financing S AND DIREC  PD ( ) JACQUES, LES	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete SLY	ent  ADDITIONS/CHANG  Title:  Name:	Date ES TO OFFICERS AND DIRECTO
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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: MELCHIOR CYPRIEN D 04/17/2009