

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072678

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: HILLSBOROUGH CHIROPRACTIC CENTER INC.

## Current Principal Place of Business:

607 C W. MARTIN LUTHER KING  
101  
TAMPA, FL 33603

## New Principal Place of Business:

## Current Mailing Address:

607 C W. MARTIN LUTHER KING  
101  
TAMPA, FL 33603

## New Mailing Address:

FEI Number: 20-1081649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESLEY, JACQUES  
607C W. MLK BLVD., STE 101  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACQUES, LESLEY  
Address: 607 W. MLK BL #101  
City-St-Zip: TAMPA, FL 33603

Title: VD ( ) Delete  
Name: JACQUES, JUDITH C  
Address: 607 W. MLK BL #101  
City-St-Zip: TAMPA, FL 33603

Title: STD ( ) Delete  
Name: CYPRIEN, MELCHIOR  
Address: 607 W MLK BL #101  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MELCHIOR CYPRIEN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date