# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2009**
**Secretary of State**

DOCUMENT# P05000009303

**Entity Name:** CORRECTIVE CHIROPRACTIC SPINAL REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5311 SPRING HILL DR.
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

5311 SPRING HILL DR.
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number: 20-2262581** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DEPASQUALE, VINCENT
10746 ALICO PASS
NEW PORT RICHEY, FL 34655 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: D ( ) Delete
Name: DESPASQUALE, VINCENT
Address: 10746 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: D (X) Change ( ) Addition
Name: DESPASQUALE, VINCENT
Address: 1908 PAW PAW PL
City-St-Zip: NEW PORT RICHEY, FL 34655

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: VINCENT DEPASQUALE MR. 02/19/2009

Electronic Signature of Signing Officer or Director Date