

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117957

FILED  
Feb 08, 2010  
Secretary of State

Entity Name: STEVEN G. CHANCE, D.C., P.A.

**Current Principal Place of Business:**

16731 MCGREGOR BOULEVARD SW  
SUITE 111  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16731 MCGREGOR BOULEVARD SW  
SUITE 111  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 68-0613887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHANCE, NAOMI C  
16731 MCGREGOR BOULEVARD SW  
SUITE 111  
FORT MYERS, FL 33908 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: P  
Name: CHANCE, STEVEN G  
Address: 16731 MCGREGOR BOULEVARD SW, SUITE 111  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: CHANCE, NAOMI C  
Address: 16731 MCGREGOR BOULEVARD SW, SUITE 111  
City-St-Zip: FORT MYERS, FL 33908

Title: SECY  
Name: CHANCE, NAOMI C  
Address: 16731 MCGREGOR BOULEVARD SW, SUITE 111  
City-St-Zip: FORT MYERS, FL 33908

Title: TREA  
Name: CHANCE, STEVEN G  
Address: 16731 MCGREGOR BOULEVARD SW, SUITE 111  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: NAOMI CHANCE

VP

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date