

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142829

FILED
May 01, 2009
Secretary of State

Entity Name: CONDE CENTER FOR CHIROPRACTIC NEUROLOGY INC.

Current Principal Place of Business:

401 W ATLANTIC AVENUE, STE 014
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

401 W ATLANTIC AVENUE, STE 014
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-3816553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILU & BILU, LLC
2700 W ATLANTIC BLVD., STE 204-21
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

BILU & BILU, LLC
2700 W ATLANTIC BLVD., STE 204
POMPANO BEACH, FL 33069 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: RON BILU

05/01/2009

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: DIR () Delete
Name: CONDE, JUAN
Address: 16279 SIERRA PALMS DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JUAN CONDE

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date