2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

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Entity Name: HICKEY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
#226
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2965 N MILITARY TRAIL
#2
WEST PALM BEACH, FL 33409

Current Mailing Address:

1551 N. FLAGLER DR. #816
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3758332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKEY, LESLIE
1551 N. FLAGLER DR. #816
WEST PALM BEACH, FL 33401 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: HICKEY, LESLIE
Address: 1551 N. FLAGLER DR. #816
City-St-Zip: WEST PALM BEACH, FL 33401

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: LESLIE HICKEY PRES 04/26/2010

Electronic Signature of Signing Officer or Director Date