

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000023344

FILED
Sep 15, 2009
Secretary of State

Entity Name: BACK IN MOTION CHIROPRACTIC, INC,

Current Principal Place of Business:

10000 GATE PARKWAY NORTH
1526
JACKSONVILLE, FL 32246

New Principal Place of Business:

7001 MERRILL ROAD
21 (INSIDE POWERHOUSE GYM)
JACKSONVILLE, FL 32277

Current Mailing Address:

10000 GATE PARKWAY NORTH
1526
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-4992909 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOLESKY, WILLIAM DC
10000 GATE PARKWAY NORTH
1526
JACKSONVILLE, FL 32246 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MOLESKY, WILLIAM
Address: 10000 GATE PARKWAY NORTH #1526
City-St-Zip: JACKSONVILLE, FL 32246

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: WILLIAM MOLESKY D.C.

PRES

09/15/2009

Electronic Signature of Signing Officer or Director

Date