

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046617

FILED
Mar 16, 2009
Secretary of State

Entity Name: ADVANCEDCARE CHIROPRACTIC P.A.

Current Principal Place of Business:

710 OAKFIELD DRIVE
SUITE 266
BRANDON, FL 33511

New Principal Place of Business:

115 MARGARET STREET
SUITE F
BRANDON, FL 33511

Current Mailing Address:

710 OAKFIELD DRIVE
SUITE 266
BRANDON, FL 33511

New Mailing Address:

115 MARGARET ST
SUITE F
BRANDON, FL 33511

FEI Number: 22-3927986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGES, DAVID J PSTD
710 OAKFIELD DRIVE
SUITE 266
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

WAGES, DAVID J PSTD
115 MARGARET ST
SUITE F
BRANDON, FL 33511 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: DAVID WAGES, DC

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WAGES, DAVID J D.C.
Address: 710 OAKFIELD DRIVE #266
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WAGES, DAVID J D.C.
Address: 115 MARGARET ST , SUITE F
City-St-Zip: BRANDON, FL 33511

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: DAVID WAGES, DC

PSTD

03/16/2009

Electronic Signature of Signing Officer or Director

Date