

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000063570

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** ALBANY-SLIGH CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

3430 W. LAMBRIGHT STREET  
SUITE 101  
TAMPA, FL 33614

**New Principal Place of Business:**

20615 AMBERFIELD DRIVE  
SUITE 101  
LAND O'LAKES, FL 34638

**Current Mailing Address:**

3430 W. LAMBRIGHT STREET  
SUITE 101  
TAMPA, FL 33614

**New Mailing Address:**

20615 AMBERFIELD DRIVE  
SUITE 101  
LAND O'LAKES, FL 34638

**FEI Number:** 14-1959517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINARI, COLLEEN  
3430 W. LAMBRIGHT ST.  
SUITE 101  
TAMPA, FL 33614 US

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

TINARI, COLLEEN  
20615 AMBERFIELD DRIVE  
SUITE 101  
LAND O'LAKES, FL 34638 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: \_\_\_\_\_

03/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TINARI, COLLEEN R  
Address: 6148 KRISTA DR  
City-St-Zip: SPRING HILL, FL 34609

Title: P  
Name: TINARI, DOMINICK A DR  
Address: 20615 AMBERFIELD DRIVE  
City-St-Zip: LAND O'LAKES, FL 34638

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: COLLEEN TINARI

VP

03/19/2010

Electronic Signature of Signing Officer or Director

Date