2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# P06000086588

Entity Name: TRINITY CHIRO-CARE, INC

Current Principal Place of Business:

1890 KINGSLEY AVENUE
SUITE # 116
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1890 KINGSLEY AVENUE
SUITE # 116
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 20-5052292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. JOIE, NADEGE
1890 KINGSLEY AVENUE
SUITE # 116
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

AUDETTE, SUE E DR
1890 KINGSLEY AVENUE
SUITE # 116
ORANGE PARK, FL 32073 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: SUE E. AUDETTE 02/05/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete
Name: AUDETTE, SUE DC
Address: 1890 KINGSLEY AVENUE, SUITE # 116
City-St-Zip: ORANGE PARK, FL 32073 US

Title: TD (X) Delete
Name: AUDETTE, SUE DC
Address: 1890 KINGSLEY AVENUEM SUITE # 116
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: AUDETTE, SUE E
Address: 1890 KINGSLEY AVENUE, SUITE # 116
City-St-Zip: ORANGE PARK, FL 32073 US

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: SUE E. AUDETTE DR 02/05/2008
Electronic Signature of Signing Officer or Director Date