

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000086588

Entity Name: TRINITY CHIRO-CARE, INC

FILED
Jul 17, 2008
Secretary of State**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 (X)

Name and Address of Current Registered Agent:AUDETTE, SUE E DR
1890 KINGSLEY AVENUE
SUITE # 116
ORANGE PARK, FL 32073 US**Name and Address of New Registered Agent:**CARLSON, ROY P 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: DR. ROY P. CARLSON

07/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: AUDETTE, SUE E
Address: 1890 KINGSLEY AVENUE, SUITE # 116
City-St-Zip: ORANGE PARK, FL 32073 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: CARLSON, ROY P DR
Address: 1890 KINGSLEY AVENUE, SUITE # 116
City-St-Zip: ORANGE PARK, FL 32073 US

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: DR. ROY P. CARLSON

PRES

07/17/2008

Electronic Signature of Signing Officer or Director

Date