

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092545

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: CHIROCARE OF ORLANDO PA

## Current Principal Place of Business:

1707 E MICHIGAN STREET  
ORLANDO, FL 32806

## New Principal Place of Business:

1707 E MICHIGAN STREET  
ORLANDO, FL 32806 US

## Current Mailing Address:

1819 CHERRYWOOD CT  
ST CLOUD, FL 34769

## New Mailing Address:

1819 CHERRYWOOD CT  
SAINT CLOUD, FL 34769 US

FEI Number: 20-5202090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REIS, LAWRENCE J  
1819 CHERRYWOOD CT  
ST CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

REIS, LAWRENCE J  
1819 CHERRYWOOD CT  
SAINT CLOUD, FL 34769 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: LAWRENCE J REIS

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: REIS, LAWRENCE J  
Address: 1819 CHERRYWOOD CT  
City-St-Zip: ST CLOUD, FL 34769

Title: VSD ( ) Delete  
Name: LASTARZA, ROLAND M  
Address: 5326 CHISWICK CIRCLE  
City-St-Zip: ORLANDO, FL 32816

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: REIS, LAWRENCE J  
Address: 1819 CHERRYWOOD CT  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VSD (X) Change ( ) Addition  
Name: LASTARZA, ROLAND M  
Address: 5326 CHISWICK CIRCLE  
City-St-Zip: ORLANDO, FL 32816 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: LAWRENCE J REIS

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date