

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103448

FILED
Jan 30, 2009
Secretary of State

Entity Name: FRANK CLINIC OF CHIROPRACTIC, PA

Current Principal Place of Business:

38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 20-5351047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, MARK B
38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANK, MARK B
Address: 2634 BRIDLE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: TREA () Delete
Name: FRANK, LAURE A
Address: 2634 BRIDLE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: DIR () Delete
Name: FRANK, CELESTE
Address: 13303 THOMASVILLE CIRCLE
City-St-Zip: TAMPA, FL 33817

Title: DIR () Delete
Name: DENEKE, ALIM T
Address: 1060 FAIRBANK LANE
City-St-Zip: CHELSEA, AL 35043

Title: DIR () Delete
Name: FRANK, GABRIEL
Address: 675 BAY AVE.
City-St-Zip: MORRO BAY, CA 93442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: FRANK, CELESTE
Address: 2641 LAUREL LANE N.W.
City-St-Zip: KENNESAW, GA 30152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURE A. FRANK

TREA

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date