

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123686

FILED
Sep 23, 2008
Secretary of State

Entity Name: NODARSE CHIROPRACTIC CENTER, CORP.

Current Principal Place of Business:

1800 SW 27TH AVE, SUITE 604
MIAMI, FL 33145 US

New Principal Place of Business:

3850 SW 87TH AVE
207
MIAMI, FL 33165 US

Current Mailing Address:

1800 SW 27TH AVE, SUITE 604
MIAMI, FL 33145 US

New Mailing Address:

7000 SW 56ST
MIAMI, FL 33155 US

FEI Number: 74-3190532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODARSE, MARIA T DC
1800 SW 27TH AVE, SUITE 604
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

NODARSE, MARIA T DC
7000 SW 56ST
MIAMI, FL 33155 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:

09/23/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NODARSE, MARIA T DC
Address: 1800 SW 27TH AVE, SUITE 604
City-St-Zip: MIAMI, FL 33145 US

Title: S () Delete
Name: IRIBAR, JORGE M
Address: 1800 SW 27TH AVE, SUITE 604
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NODARSE, MARIA T DC
Address: 7000 SW 56ST
City-St-Zip: MIAMI, FL 33155 US

Title: S (X) Change () Addition
Name: IRIBAR, JORGE M
Address: 7000 SW 56ST
City-St-Zip: MIAMI, FL 33155

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: MARIA T NODARSE

P

09/23/2008

Electronic Signature of Signing Officer or Director

Date