

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019375

FILED
Jan 11, 2009
Secretary of State

Entity Name: EAST LAKE CHIROPRACTIC AND INJURY CENTER, INC.

Current Principal Place of Business:

3172 LAKE BREEZE CIRCLE
SAINT CLOUD, FL 34771

New Principal Place of Business:

4435 13TH ST
SAINT CLOUD, FL 34769

Current Mailing Address:

3172 LAKE BREEZE CIRCLE
SAINT CLOUD, FL 34771

New Mailing Address:

4435 13TH ST
SAINT CLOUD, FL 34769

FEI Number: 11-3804754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARR, JASON L ESQ
JASON L HARR PA
1326 SOUTH RIDGEWOOD AVE SUITE ONE
DAYTONA BEACH, FL 32114 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: PPTS () Delete
Name: MCNICHOLS, CHRISTOPHER L
Address: 3172 LAKE BREEZE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTOPHER MCNICHOLS

PPTS

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date