

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025327

FILED
Jan 27, 2009
Secretary of State

Entity Name: TOTAL CARE CHIROPRACTIC INC.

Current Principal Place of Business:

325 S. DIXIE HWY
7
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

325 S. DIXIE HWY
7
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 20-8523771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, D.C., DIANE
325 S.DIXIE HWY
7
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

MANCINI, ANDREW A P
325 S.DIXIE HWY
7
LAKE WORTH, FL 33460 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: MANCINI ANDREW A. II

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPELAND, D.C., DIANE
Address: 325 S. DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: COPELAND, D.C., DIANE
Address: 325 S.DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANCINI, ANDREW A P
Address: 325 S. DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: VP (X) Change () Addition
Name: MANCINI, D.C., ANDREW
Address: 325 S.DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

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: MANCINI ANDREW A. II

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date