

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025655

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** DR. CARL F ADAMS CHIROPRACTOR PHYSICIAN, INC.

**Current Principal Place of Business:**

4549 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

9326 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 US

**Current Mailing Address:**

4549 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

9326 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 20-8274429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, CARL F DR.  
4549 GRAND BLVD  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

ADAMS, CARL F DR.  
9326 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 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:

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADAMS, CARL F  
Address: 9326 LITTLE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby 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 all other like empowered.

SIGNATURE: DR CARL F ADAMS

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date