

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 26, 2010  
Secretary of State

Entity Name: KEYSTONE CHIROPRACTIC INC.

**Current Principal Place of Business:**

330 A SOUTH LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

330 A SOUTH LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

FEI Number: 26-0597032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHAN, JINNIFER M  
13300 ATLANTIC BLVD  
APT 1615  
JACKSONVILLE, FL 32225 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  
Name: STEPHAN, JINNIFER M  
Address: 13300 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32225 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: JINNIFER M STEPHAN

P

04/26/2010

Electronic Signature of Signing Officer or Director

Date