

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091101

FILED  
May 21, 2009  
Secretary of State

Entity Name: GRACE CHIROPRACTIC CLINIC, INC.

## Current Principal Place of Business:

5905 TOMOKA DRIVE  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

5905 TOMOKA DRIVE  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 26-0701993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYER, GLENN  
5905 TOMOKA DRIVE  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

HOPKINS, KEITH  
5905 TOMOKA DRIVE  
ORLANDO, FL 32809 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: KEITH HOPKINS

05/21/2009

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: BOYER, GLENN  
Address: 5905 TOMOKA DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: SEC ( ) Delete  
Name: BOYER, GLENN  
Address: 5905 TOMOKA DRIVE  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOPKINS, KEITH  
Address: 5905 TOMOKA DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: SEC (X) Change ( ) Addition  
Name: HOPKINS, KEITH  
Address: 5905 TOMOKA DRIVE  
City-St-Zip: ORLANDO, FL 32809

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: KEITH HOPKINS

P

05/21/2009

Electronic Signature of Signing Officer or Director

Date