

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100977

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** FORT MEADE CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841

**New Mailing Address:**

**FEI Number:** 26-1285607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAAG, ROGER  
111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841 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:** D ( ) Delete  
**Name:** HAAG, ROGER  
**Address:** 111 WEST BROADWAY AVENUE  
**City-St-Zip:** FORT MEADE, FL 33841

**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:** ROGER HAAG

PRES

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date