

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112162

FILED  
May 04, 2009  
Secretary of State

Entity Name: COLONIAL CHIROPRACTIC CENTER, INC.

## Current Principal Place of Business:

1310 WEST COLONIAL DRIVE  
SUITE 21-23  
ORLANDO, FL 32804 US

## New Principal Place of Business:

## Current Mailing Address:

1310 WEST COLONIAL DRIVE  
SUITE 21-23  
ORLANDO, FL 32804 US

## New Mailing Address:

FEI Number: 35-2311296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTHONY-SMITH, CORETTA  
6000 METROWEST BLVD.  
SUITE 203  
ORLANDO, FL 32835 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

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: PD ( ) Delete  
Name: MACHARA, KATHERINE D.C.  
Address: 1310 WEST COLONIAL DRIVE, SUITE 21-23  
City-St-Zip: ORLANDO,, FL 32804 US

## 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: KATHERINE L. MACHARA

OWNE

05/04/2009

Electronic Signature of Signing Officer or Director

Date