2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000011148

Entity Name: TAMPA CHIROPRACTIC AND REHAB CENTER INC.

Current Principal Place of Business:

4023 N ARMENIA AVE SUITE 470
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4023 N ARMENIA AVE SUITE 470
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-1861033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, ELLIOT
26308 WESELY CHAPEL BLVD
LUTZ, FL 33559 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: DP ( ) Delete
Name: RIVERA, ELLIOT M
Address: 4023 N ARMENIA AVE SUITE 470
City-St-Zip: TAMPA, FL 33607

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: ELLIOT RIVERA DP 04/30/2009

Electronic Signature of Signing Officer or Director Date