

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034346

FILED
Aug 28, 2009
Secretary of State

Entity Name: COUNTRYSIDE CHIROPRACTIC INC.

Current Principal Place of Business:

28469 US HWY 19 NORTH, SUITE 402
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28469 US HWY 19 NORTH, SUITE 402
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 26-2330171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GIOVATTO JR, GIUSEPPE D.C.
28469 US HWY 19 N. STE
402
CLEARWATER, FL 33761 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: GIUSEPPE GIOVATTO JR.

08/28/2009

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: PSD () Delete
Name: GIOVATTO JR., GIUSEPPE D.C.
Address: 28469 US HWY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33761

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: GIUSEPPE GIOVATTO JR. D.C.

PRES

08/28/2009

Electronic Signature of Signing Officer or Director

Date