

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034346

FILED
Apr 09, 2010
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:

28467 US HWY 19 NORTH, SUITE 302
CLEARWATER, FL 33761

Current Mailing Address:

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

New Mailing Address:

28467 US HWY 19 NORTH, SUITE 302
CLEARWATER, FL 33761

FEI Number: 26-2330171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GIOVATTO JR, GIUSEPPE D.C.
28467 US HWY 19 N. STE
302
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

04/09/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD
Name: GIOVATTO JR., GIUSEPPE D.C.
Address: 28467 US HWY 19 NORTH, SUITE 302
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: GIUSEPPE GIOVATTO JR

DC

04/09/2010

Electronic Signature of Signing Officer or Director

Date