

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051741

FILED
Jan 05, 2009
Secretary of State

Entity Name: GLORY CHIROPRACTIC CARE, INC.

Current Principal Place of Business:

4143 E TAMIAMI TRAIL
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

4143 E TAMIAMI TRAIL
NAPLES, FL 34112

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRENORD, CHARLENE
4100 CORPORATE SQUARE BLVD
106
NAPLES, FL 34104 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: P () Delete
Name: DRALUCK, DEAN E
Address: 514 108TH AVE N # A
City-St-Zip: NAPLES, FL 34108

Title: V (X) Delete
Name: MATHIEU, VLADIMIR
Address: 1970 OAKES BLVD.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEAN ELLIOT DRALUCK

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date