2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# P08000051741

Entity Name: GLORY CHIROPRACTIC CARE, INC.

Current Principal Place of Business:

4143 E TAMIAMI TRAIL
NAPLES, FL 34112

New Principal Place of Business:

4143 E TAMIAMI TRAIL
NAPLES, FL 34112 US

Current Mailing Address:

4143 E TAMIAMI TRAIL
NAPLES, FL 34112

New Mailing Address:

8690 WEIR DR
208
NAPLES, FL 34104 US

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

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:

SIRENORD, CHARLENE
8690 WEIR DR
208
NAPLES, FL 34104 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: CHARLENE SIRENORD 09/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DRALUCK, DEAN E
Address: 514 108TH AVE N # A
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIRENORD, CHARLENE
Address: 8690 WEIR DR 208
City-St-Zip: NAPLES, FL 34104 US

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: CHARLENE SIRENORD P 09/29/2009
Electronic Signature of Signing Officer or Director Date