

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064399

Entity Name: AVE MARIA CHIROPRACTIC, INC.

FILED
Aug 03, 2009
Secretary of State

Current Principal Place of Business:

5080 ANNUNCIATION CIRCLE
STE 104
AVE MARIA, FL, 34142 US

Current Mailing Address:

5080 ANNUNCIATION CIRCLE
STE 104
AVE MARIA, FL, 34142 US

FEI Number: 26-2928742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAN, SCOTT A DR.
5121 TAYLOR DR.
AVE MARIA, FL, FL 34142 US

New Principal Place of Business:

5080 ANNUNCIATION CIRCLE
STE 104
AVE MARIA,, FL 34142 US

New Mailing Address:

5080 ANNUNCIATION CIRCLE
STE 104
AVE MARIA,, FL 34142 US

Name and Address of New Registered Agent:

ALLAN, SCOTT A DR.
5121 TAYLOR DR.
AVE MARIA,, FL 34142 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: SCOTT ALLAN

08/03/2009

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: P () Delete
Name: ALLAN, SCOTT A DR.
Address: 5080 ANNUNCIATION CIRCLE, STE 104
City-St-Zip: AVE MARIA, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ALLAN, SCOTT A DR.
Address: 5080 ANNUNCIATION CIRCLE, STE 104
City-St-Zip: AVE MARIA, FL 34142 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: SCOTT ALLAN

DR

08/03/2009

Electronic Signature of Signing Officer or Director

Date