

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067836

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CLARCONA FAMILY CHIROPRACTIC, INC.

**Current Principal Place of Business:**

4522 CLARCONA-OCOEE ROAD  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

4522 CLARCONA-OCOEE ROAD  
ORLANDO, FL 32810 US

**New Mailing Address:**

FEI Number: 26-3002998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANOUGE & ASSOCIATES, P.A.  
DOING BUSINESS AS ANOUGE LAW FIRM  
1130 KELTON AVENUE  
OCOEE, FL 34761 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: PST ( ) Delete  
Name: MENZIES, PAUL DC  
Address: 2809 POWERS DRIVE, SUITE D  
City-St-Zip: ORLANDO, FL 32818 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: MENZIES, PAUL DC  
Address: 3929 OLD DUNN ROAD  
City-St-Zip: ORLANDO, FL 32712 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: PAUL W. MENZIES D.C

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date