

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000085830

FILED
Aug 21, 2009
Secretary of State**Entity Name:** CHIROPRACTIC PAIN CLINIC OF BOGGY CREEK, INC.**Current Principal Place of Business:**1090 PLAZA DRIVE
KISSIMMEE, FL 34743**New Principal Place of Business:****Current Mailing Address:**1090 PLAZA DRIVE
KISSIMMEE, FL 34743**New Mailing Address:****FEI Number:** 26-3382437**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, LAZARO DR.
1090 PLAZA DRIVE
KISSIMMEE, FL 34743 US**Name and Address of New Registered Agent:**IRIZARRY, CESAR O DR.
1090 PLAZA DRIVE
KISSIMMEE, FL 34743 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: CESAR O. IRIZARRY

08/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: RODRIGUEZ, LAZARO DR.
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34743**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: IRIZARRY, CESAR O DR.
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

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: CESAR O IRIZARRY

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08/21/2009

Electronic Signature of Signing Officer or Director

Date