

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000085830

FILED
Oct 20, 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:

IRIZARRY, CESAR O DR.
1090 PLAZA DRIVE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

TORRES-RUIZ, CECILIO 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: CECILIO TORRES-RUIZ

10/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRIZARRY, CESAR O DR.
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES-RUIZ, CECILIO P
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Change (X) Addition
Name: MERCADO, NOEMI VP
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: CECILIO TORRES-RUIZ

P

10/20/2009

Electronic Signature of Signing Officer or Director

Date