

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085830

FILED
May 01, 2010
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:

TORRES-RUIZ, DR. CECILIO
1090 PLAZA DRIVE
KISSIMMEE, FL 34743 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

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
Name: TORRES-RUIZ, CECILIO P
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP
Name: MERCADO, NOEMI VP
Address: 1090 PLAZA DRIVE
City-St-Zip: KISSIMMEE,, FL 34743

I hereby 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 all other like empowered.

SIGNATURE: CECILIO TORRES- RUIZ

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date