

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090009

**FILED
Aug 17, 2009
Secretary of State**

Entity Name: ALTA CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

229 AIRPORT ROAD SOUTH
STE 229
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

5274 GOLDEN GATE PKWY
SUITE 2
NAPLES, FL 34116

New Mailing Address:

255 AIRRPORT ROAD SOUTH
SUITE 255
NAPLES, FL 34104

FEI Number: 26-3476928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILBON, WILHEM
242 MONTEREY DR
NAPLES, FL 34119 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 () Delete
Name: VILBON, WILHEM
Address: 242 MONTEREY DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILHEM VILBON

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08/17/2009

Electronic Signature of Signing Officer or Director

Date