# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 25, 2010**
**Secretary of State**

DOCUMENT# P09000006341

**Entity Name:** RIVERSIDE CHIROPRACTIC & REHABILITATION, INC.

**Current Principal Place of Business:**

3615 CENTRAL AVE
5A
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

8849 PASEO DE VALENCIA ST.
FORT MYERS, FL 33908 US

**Current Mailing Address:**

3615 CENTRAL AVE
5A
FORT MYERS, FL 33901 US

**New Mailing Address:**

8849 PASEO DE VALENCIA STREET
FORT MYERS, FL 33908 US

**FEI Number: 26-4086083** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUCHANAN, ROBERT
3615 CENTRAL AVE
5A
FORT MYERS, FL 33901 US

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

BUCHANAN, ROBERT
8849 PASEO DE VALENCIA ST
FORT MYERS, FL 33908 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: 05/25/2010
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: PTS
Name: BUCHANAN, ROBERT
Address: 8849 PASEO DE VALENCIA STREET
City-St-Zip: FORT MYERS, FL 33908 US

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: ROBERT BUCHANAN PTS 05/25/2010
Electronic Signature of Signing Officer or Director Date