

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007880

FILED  
May 16, 2010  
Secretary of State

**Entity Name:** POMPAÑO BEACH CHIROPRACTIC & REHABILITATION CLINIC, INC.

**Current Principal Place of Business:**

1227 SOUTH FEDERAL HWY.  
POMPAÑO BEACH, FL 33062

**New Principal Place of Business:**

15426 NW 77TH CT  
MIAMI LAKES, FL 330165903 US

**Current Mailing Address:**

P.O. BOX 668972  
MIAMI, FL 33166

**New Mailing Address:**

15426 NW 77TH CT  
MIAMI LAKES, FL 330165903 US

FEI Number: 26-4131790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTADAS, EDUARDO A  
7258 NW 70 ST  
MIAMI, FL 33166 US

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

MONTADAS, EDUARDO A  
15426 NW 77TH CT  
MIAMI LAKES, FL 330165803 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: EDUARDO A MONTADAS

05/16/2010

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: P  
Name: MONTADAS, EDUARDO A  
Address: 15426 NW 77TH CT  
City-St-Zip: MIAMI LAKES, FL 330165803 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: EDUARDO A MONTADAS

P

05/16/2010

Electronic Signature of Signing Officer or Director

Date