

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016600

FILED
Apr 27, 2010
Secretary of State

Entity Name: ABSOLUTE CHIROPRACTIC REHAB CENTER, INC.

Current Principal Place of Business:

1890 KINGSLEY AVE - SUITE 116
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1890 KINGSLEY AVE - SUITE 116
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 26-4349175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD, ROBERT
1890 KINGSLEY AVE - SUITE 116
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS
Name: RAMIREZ, MANUEL A
Address: 1890 KINGSLEY AVE. #116
City-St-Zip: ORANGE PARK, FL 32073 US

Title: T
Name: BERNARD, ROBERT
Address: 1890 KINGSLEY AVE. #116
City-St-Zip: ORANGE PARK, FL 32073 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: MANUEL RAMIREZ

PS

04/27/2010

Electronic Signature of Signing Officer or Director

Date