

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000076156

FILED
Apr 14, 2010
Secretary of State

Entity Name: CONINE CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3333 W. WATERS AVE.
SUITE C
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1977
C/O R H MEEKS
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 61-1605287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEEKS, ROBERT H
804 CANOE CT
BRANDON, FL 335103504 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: P/S
Name: CONINE, ROBERT F DR
Address: 3333 W. WATERS AVE SUITE C
City-St-Zip: TAMPA, FL 33614 US

Title: V/D
Name: FULLERTON, JACQUELINE L DR
Address: 10117 PALERMO CIRCLE
City-St-Zip: TAMPA, FL 33619 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 CONINE, DC

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04/14/2010

Electronic Signature of Signing Officer or Director

Date