

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101165

FILED
Jul 02, 2010
Secretary of State

Entity Name: CHIRO-MEDICAL PAIN RELIEF CENTER, INC.

Current Principal Place of Business:

731 NE 32ND STREET
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

731 NE 32ND STREET
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 27-1537841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLEGRINO, SAL D.C.
731 NE 32ND STREET
BOCA RATON, FL 33431 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

OFFICERS AND DIRECTORS:

Title: PD
Name: PELLEGRINO, SAL D.C.
Address: 731 NE 32ND STREET
City-St-Zip: BOCA RATON, FL 33431

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: DR. SAL PELLEGRINO

P

07/02/2010

Electronic Signature of Signing Officer or Director

Date