

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014259

FILED
Jan 20, 2009
Secretary of State

Entity Name: JACKSONVILLE CHIROPRACTIC ASSOCIATES, INC.

Current Principal Place of Business:

390 NINTH AVENUE N
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

390 NINTH AVENUE N
JACKSONVILLE, FL 32250 US

New Mailing Address:

FEI Number: 59-3155123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMPFE, MARCUS A D.C.
390 NINTH AVENUE N
JACKSONVILLE BEACH, FL 32250 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 () Delete
Name: DUNN, JOSEPH
Address: 9831 DEL WEBB PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VST () Delete
Name: DUNN, RHONDA
Address: 9831 DEL WEBB PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAMPFE, DAVID E SR
Address: 118 12TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP/S (X) Change () Addition
Name: KAMPFE, MARCUS A DC
Address: 422 13TH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Change (X) Addition
Name: KAMPFE, EILEEN M
Address: 118 12TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCUS A. KAMPFE

VP/S

01/20/2009

Electronic Signature of Signing Officer or Director

Date