

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001560

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** PATRICK CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

415 N.E. 25TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

415 N.E. 25TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3160533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATRICK, DONNA E  
415 N.E. 25TH AVENUE  
OCALA, FL 34470 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: D  
Name: PATRICK, DONNA E  
Address: 415 N.E. 25TH AVENUE  
City-St-Zip: Ocala, FL 34470

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: DONNA E. PATRICK, DC

PRES

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date