

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002471

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** STANSBERRY CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

501 N.W. 16 AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

501 N.W. 16 AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3218250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHAMBERLAIN, STEVEN M  
ONE S.E. FIRST AVE.  
GAINESVILLE, FL 32601      US

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

CHAMBERLAIN, STEVEN M  
2425 PINEAPPLE AVE. # 408  
MELBORNE, FL, FL 32925      US

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

02/01/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** STANSBERRY, TERRY W.  
**Address:** 6350 NE 160TH AVE  
**City-St-Zip:** WILLISTON, FL 32696

**Title:** V  
**Name:** STANSBERRY, PATRICIA G  
**Address:** 6350 NE 160TH AVE  
**City-St-Zip:** WILLISTON, FL 32696

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: PATRICIA G STANSBERRY

Electronic Signature of Signing Officer or Director

VP

02/01/2010

Date