# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# P94000094156

**Entity Name:** DEPREY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

2180 A1A SO
SUITE 100
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

2180 A1A SOUTH
SUITE 100
SAINT AUGUSTINE, FL 32080 US

**Current Mailing Address:**

3824 HICKORY LN
SAINT AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number: 59-3298670** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PARSONS, MARK E
1510 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 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 ( ) Delete
Name: DEPREY, ALLEN M D.C.
Address: 2225 A1A S STE C8
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: DEPREY, ALLEN M D.C.
Address: 3824 HICKORY LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: ALLEN M DEPREY D.C. P 04/19/2009

Electronic Signature of Signing Officer or Director Date