

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015285

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CORRECTIVE CARE CHIROPRACTIC OF PLANTATION, INC.

**Current Principal Place of Business:**

1739 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

1030 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

1739 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322

**New Mailing Address:**

1030 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**FEI Number:** 65-0570503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHICCONI, MICHAEL J.  
1739 N UNIVERSITY DR  
PLANTATION, FL 33322 US

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

CHICCONI, MICHAEL J.  
1030 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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:

04/30/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHICCONI, MICHAEL  
Address: 1739 N UNIVERSITY DR  
City-St-Zip: PLANTATION, FL 33322

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

Title: PD (X) Change ( ) Addition  
Name: CHICCONI, MICHAEL  
Address: 1030 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317

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: MICHAEL J. CHICCONI

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date