

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021893

Entity Name: MACHARA CHIROPRACTIC, INC.

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

64 SPRING VISTA DRIVE  
SUITE #1  
DEBARY, FL 32713

**New Principal Place of Business:**

609 N. U.S. HWY. 17-92  
SUITE #105  
DEBARY, FL 32713

**Current Mailing Address:**

1643 STARGAZER TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-3312654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACHARA, BRADLEY M PRES  
64 SPRING VISTA DRIVE  
SUITE #1  
DEBARY, FL 32713 US

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

MACHARA, BRADLEY M PRES  
609 N. U.S. HWY. 17-92  
SUITE #105  
DEBARY, FL 32713 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

02/18/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACHARA, BRADLEY M PD  
Address: 1643 STARGAZER TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: VD  
Name: MACHARA, RICHARD  
Address: 374 BLYTHVILLE AVE.  
City-St-Zip: DELTONA, FL 32725

Title: STD  
Name: MACHARA, MICHELLE L  
Address: 1643 STARGAZER TERRACE  
City-St-Zip: SANFORD, FL 32771

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: BRADLEY M. MACHARA, D.C.

PD

02/18/2010

Electronic Signature of Signing Officer or Director

Date