

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098002

FILED
Apr 19, 2009
Secretary of State

Entity Name: KLONEL CHIROPRACTIC & REHABILITATION CENTER, P.A.

Current Principal Place of Business:

462 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

462 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3421495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLONEL, KENT E
462 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KLONEL, KENT E DC
462 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714 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: MARTHA ELAINE KLONEL, SEC/ TREAS. 04/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: KLONEL, KENT E
Address: 462 WEST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KLONEL, KENT E
Address: 462 WEST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST () Delete
Name: KLONEL, MARTHA E
Address: 462 W CENTRAL PKWY
City-St-Zip: ALTAMONTE SPGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTHA ELAINE KLONEL ST 04/19/2009
Electronic Signature of Signing Officer or Director Date