

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000040472

Entity Name: B & D CHIROPRACTIC INC.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4242C NORTH FEDERAL HWY.  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4242C NORTH FEDERAL HWY.  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-0827184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GERWIG, WILLIAM  
4242C NORTH FEDERAL HWY.  
FT. LAUDERDALE, FL 33308 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: P  
Name: GERWIG, WILLIAM  
Address: 4242 N FEDERAL HWY  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: WILLIAM GERWIG

DR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date