

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012308

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** RISOLDI FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

RISOLDI FAMILY CHIROPRACTIC PA  
3023 EASTLAND BLVD SUITE 101  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

3023 EASTLAND BLVD SUITE 101  
CLEARWATER, FL 33761 US

**New Mailing Address:**

RISOLDI FAMILY CHIROPRACTIC PA  
3023 EASTLAND BLVD SUITE 101  
CLEARWATER, FL 33761 US

**FEI Number:** 59-3580468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RISOLDI, MICHAEL J D.C.  
3023 EASTLAND BLVD SUITE 101  
CLEARWATER, FL 33761 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: DR ( ) Delete  
Name: RISOLDI, MICHAEL J  
Address: 25845 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

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

Title: DR (X) Change ( ) Addition  
Name: RISOLDI, MICHAEL J  
Address: 3023 EASTLAND BLVD, STE. 101  
City-St-Zip: CLEARWATER, FL 33761

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. RISOLDI

D.C.

01/20/2009

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

\_\_\_\_\_  
Date