

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012308

FILED
Feb 24, 2010
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:

3023 EASTLAND BLVD
SUITE 101
CLEARWATER, FL 33761 US

Current Mailing Address:

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

New Mailing Address:

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:

RISOLDI, MICHAEL J D.C.
3023 EASTLAND BLVD
SUITE 101
CLEARWATER, FL 33761 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:

02/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: MICHAEL J. RISOLDI

DR.

02/24/2010

Electronic Signature of Signing Officer or Director

Date