

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018794

FILED
Mar 02, 2010
Secretary of State

Entity Name: SECONI FAMILY CHIROPRACTIC CENTER, PA

Current Principal Place of Business:

2220 W HWY 44
SUITE C2
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2220 W HWY 44
SUITE C2
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 52-2159974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACH, MICHAEL T
106 N OSCEOLA AVE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

KOVACH, MICHAEL T JR
151 E HIGHLAND BLVD
SUITE 161
INVERNESS, FL 34452 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: MICHAEL T KOVACH JR.

03/02/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SECONI, TREVOR F OFFICER
Address: 5121 E TENISON ST
City-St-Zip: INVERNESS, FL 34452

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: TREVOR F SECONI

P

03/02/2010

Electronic Signature of Signing Officer or Director

Date