

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028271

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** EAST HILL CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

2045 N 12 AVE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

2045 N 12TH AVE  
PENSACOLA, FL 32503

**Current Mailing Address:**

2045 N 12 AVE  
PENSACOLA, FL 32503

**New Mailing Address:**

2045 N 12TH AVE  
PENSACOLA, FL 32503

**FEI Number:** 59-3568297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOGAN, SHAWNA  
2045 NORTH 12TH AVE  
PENSACOLA, FL 32503 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: PT  
Name: HOGAN, SHAWNA  
Address: 5953 COMMERCE RD  
City-St-Zip: MILTON, FL 32583

Title: VO  
Name: HOGAN, CHRIS  
Address: 5953 COMMERCE RD  
City-St-Zip: MILTON, FL 32583

Title: S  
Name: SPEED, PAMELA  
Address: 3255 BAY ST  
City-St-Zip: GULF BREEZE, FL 32563

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:** SHAWNA HOGAN, D.C.

PT

04/02/2010

Electronic Signature of Signing Officer or Director

Date