

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028271

Entity Name: EAST HILL CHIROPRACTIC CENTER, INC.

FILED
Apr 02, 2010
Secretary of State

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