

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000028538

**FILED**  
**Jul 24, 2008**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC AND REHABILITATION ASSOCIATES, INC.

**Current Principal Place of Business:**

4011 26TH ST W  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

4011 26TH ST W  
BRADENTON, FL 34205

**New Mailing Address:**

**FEI Number:** 65-0942780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, ELLEN R  
1400 CATTLEMAN ROAD  
SUITE A  
SARASOTA, FL 34232 US

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

WATSON, CARLENE N  
4011 26TH ST WEST  
BRADENTON, FL 34205 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: CARLENE N. WATSON

07/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: RHODES, DENNIS E  
Address: 4011 26TH STREET W  
City-St-Zip: BRADENTON, FL 34205

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PT (X) Change ( ) Addition  
Name: BRUCE, LINDA A  
Address: 4011 26TH ST WEST  
City-St-Zip: BRADENTON, FL 34205 US

Title: DS ( ) Change (X) Addition  
Name: WATSON, CARLENE N  
Address: 4011 26TH ST WEST  
City-St-Zip: BRADENTON, FL 34205 US

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: LINDA A. BRUCE

PT

07/24/2008

Electronic Signature of Signing Officer or Director

Date