2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P99000036993

Entity Name: SCHNIPPER CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

New Mailing Address:

6334 FOREST HILL BLVD
GREENACRES, FL 33415

FEI Number: 65-0914885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNIPPER, BRIAN R
6334 FOREST HILL BLVD.
GREENACRES, FL 33415 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR.
Name: SCHNIPPER, BRIAN R
Address: 2822 IRMA LAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

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: BRIAN R SCHNIPPER DR 05/03/2010

Electronic Signature of Signing Officer or Director Date