2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043110

City-St-Zip:

Entity Name: ALEXANDER CHIROPRACTIC INC.

DELRAY BEACH, FL 33483

FILED Jan 09, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
#111	HAVENUE	400			
DELKAYE	BEACH, FL 33	483			
Current Mailing Address:			New Mailing Address:		
75 NE 6TH #111	H AVENUE				
	BEACH, FL 33	483			
FEI Number:	: 65-0915851	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
75 NE 6TH #111	ER, STEPHEN HAVENUE BEACH, FL 33				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD (ALEXANDER, S 75 NE 6TH AVE		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: STEPHEN L. ALEXANDER PD 01/09/2009