

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055913

Entity Name: APG CHIROPRACTIC, P.A.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

APG CHIROPRACTIC  
2929 N. UNIVERSITY DR. STE 204  
CORAL SPRINGS, FL 33065 14

## New Principal Place of Business:

## Current Mailing Address:

APG CHIROPRACTIC  
2929 N. UNIVERSITY DR. STE 204  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

FEI Number: 65-0928380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLO, ANTHONY  
APG CHIROPRACTIC  
2929 N. UNIVERSITY DR. STE 204  
CORAL SPRINGS, FL 33065 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: PTD ( ) Delete  
Name: GALLO, ANTHONY  
Address: 2929 N. UNIVERSITY DR. STE 204  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANTHONY GALLO

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date