2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

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Entity Name: BETH COOPER, D.C., P.A.

Current Principal Place of Business:

SUNSHINE CHIROPRACTIC CENTER
3436 N ANDREWS AVENUE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

SUNSHINE CHIROPRACTIC CENTER
3436 N ANDREWS AVENUE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 52-2185540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, BETH DC
3436 N ANDREWS AVE
OAKLAND PARK, FL 33309 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: D
Name: COOPER, BETH DC
Address: 3436 N ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

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: BETH COOPER DR 01/15/2010

Electronic Signature of Signing Officer or Director Date