

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20216

FILED
May 13, 2009
Secretary of State

Entity Name: ORANGE PARK CHIROPRACTIC CENTER, PA

Current Principal Place of Business:

784 BLANDING BOULEVARD
SUITE 106
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

784 BLANDING BOULEVARD
SUITE 106
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3042489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERTELL, KEITH A PD
784 BLANDING BLVD
SUITE 106
ORANGE PARK, FL 32065 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: PD () Delete
Name: SCHERTELL, KEITH A PD
Address: 784 BLANDING BLVD. SUITE 106
City-St-Zip: ORANGE PARK, FL 32065

Title: VP () Delete
Name: SCHERTELL, PATRICIA VP
Address: 784 BLANDING BLVD. SUITE 106
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEITH A SCHERTELL

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date