

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04693

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BARRINGER CHIROPRACTIC CLINIC, INC.

## Current Principal Place of Business:

2233 STICKNEY PT RD  
A  
SARASOTA, FL 34231 US

## Current Mailing Address:

2233 STICKNEY PT RD  
A  
SARASOTA, FL 34231 US

FEI Number: 65-0312073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRINGER, KEITH A.  
2233 STICKNEY PT. RD. STE. A  
SARASOTA, FL 34231 US

## New Principal Place of Business:

2975 BEE RIDGE RD  
B  
SARASOTA, FL 34239 US

## New Mailing Address:

2975 BEE RIDGE RD  
B  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

BARRINGER, KEITH A.  
2975 BEE RIDGE RD  
B  
SARASOTA, FL 34239 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARRINGER, KEITH A.,  
Address: 2233 STICKNEY PT. RD. STE. A  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: BARRINGER, JUDITH A  
Address: 2233 STICKNEY PT. RD. STE. A  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BARRINGER, KEITH A.,  
Address: 2975 BEE RIDGE RD SUITE B  
City-St-Zip: SARASOTA, FL 34239 US

Title: D (X) Change ( ) Addition  
Name: BARRINGER, JUDITH A  
Address: 2975 BEE RIDGE RD SUITE B  
City-St-Zip: SARASOTA, FL 34239 US

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 BARRINGER

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date