

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04693

FILED
Apr 30, 2009
Secretary of State

Entity Name: BARRINGER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

2975 BEE RIDGE RD
B
SARASOTA, FL 34239 US

New Principal Place of Business:

4429 NORTH LAKE DR
SARASOTA, FL 34232 US

Current Mailing Address:

2975 BEE RIDGE RD
B
SARASOTA, FL 34239 US

New Mailing Address:

4429 NORTH LAKE DR
SARASOTA, FL 34232 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.
2975 BEE RIDGE RD
B
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

BARRINGER, KEITH A.
4429 NORTH LAKE DR
SARASOTA, FL 34232 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARRINGER, KEITH A.
Address: 4429 NORTH LAKE DR
City-St-Zip: SARASOTA, FL 34232 US

Title: D (X) Change () Addition
Name: BARRINGER, JUDITH A
Address: 4429 NORTH LAKE DR
City-St-Zip: SARASOTA, FL 34232 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: JUDITH A BARRINGER

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date