

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20045

FILED
Mar 27, 2009
Secretary of State

Entity Name: FIORINI CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

2619 BLAIRSTONE RD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2619 BLAIRSTONE RD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3113170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'STEEN, J C
2900 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: P () Delete
Name: FIORINI, DENNIS DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: ATKINSON, WILLIAM DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST () Delete
Name: FIORINI, KIMBERLY DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. KIMBERLY FIORINI

ST

03/27/2009

Electronic Signature of Signing Officer or Director

Date