

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22323

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: J. DAVID SHORE, D.C., P.A.

## Current Principal Place of Business:

2431 UNIVERSITY BLVD. WEST  
JACKSONVILLE, FL 32217 US

## New Principal Place of Business:

## Current Mailing Address:

2431 UNIVERSITY BLVD. WEST  
JACKSONVILLE, FL 32217 US

## New Mailing Address:

FEI Number: 59-3110473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHORE, J. DAVID D.C.  
5557 EDENFIELD RD  
JACKSONVILLE, FL 32277 US

## Name and Address of New Registered Agent:

SHORE, J. DAVID D.C.  
5557 EDENFIELD RD  
JACKSONVILLE, FL 32277 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: J. DAVID SHORE, D.C.

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHORE, J. DAVID D.C.  
Address: 5557 EDENFIELD RD.  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: SHORE, J. DAVID DL  
Address: 5557 EDENFIELD RD  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: SHORE, J. DAVID D.C.  
Address: 5557 EDENFIELD RD.  
City-St-Zip: JACKSONVILLE, FL 32277

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: J. DAVID SHORE, D.C.

DR

04/16/2009

Electronic Signature of Signing Officer or Director

Date