

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50092

FILED
Apr 15, 2009
Secretary of State

Entity Name: CHIRO-CARE CENTRE OF BROWARD, INC.

Current Principal Place of Business:

300 NW 70TH AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

300 NW 70TH AVENUE
100
PLANTATION, FL 33317

Current Mailing Address:

300 NW 70TH AVENUE
PLANTATION, FL 33317

New Mailing Address:

300 NW 70TH AVENUE
100
PLANTATION, FL 33317

FEI Number: 65-0340808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSON, RENNY
300 NW 70 AVENUE
100
PLANTATION, FL 33317 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: D () Delete
Name: EDELSON, RENNY
Address: 300 NW 70 AVENUE # 100
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: EDELSON, MARGARET P
Address: 300 NW 70 AVENUE # 100
City-St-Zip: PLANTATION, FL 33317

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: MARGARET P. EDELSON

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date