# AMENDED ANNUAL REPORT

Corporation Division
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**E-FILED**
Aug 17, 2022
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

17179110

**REGISTRATION DATE**

09/29/1983

**BUSINESS NAME**

DANIEL E. BEESON, D.C., P.C.

**BUSINESS**

CHIROPRACTIC/ACUPUCTURE/MASSAGE/NATUROPATHIC CLINIC & ALLOPATHIC, AN INTEGRATED CLINIC

**MAILING ADDRESS**

7215 SE 13TH
PORTLAND OR 97202 USA

**TYPE**

DOMESTIC PROFESSIONAL CORPORATION

**PRIMARY PLACE OF BUSINESS**

7215 SE 13TH
PORTLAND OR 97202 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

JAMES W HENDRY

C/O BROWNSTEIN RASK LLP
1 SW COLUMBIA ST STE 900
PORTLAND OR 97204 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

DANIEL E BEESON

711 KENOLA CT
LAKE OSWEGO OR 97034 USA

**SECRETARY**

DARLA R BEESON

711 KENOLA CT
LAKE OSWEGO OR 97034 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

DARLA BEESON

**TITLE**

MANAGING MEMBER

**DATE**

08-17-2022