

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130450

FILED
Mar 23, 2009
Secretary of State

Entity Name: VILLAGE CHIROPRACTIC CENTER OF BOYNTON BEACH, INC.

Current Principal Place of Business:

6607 W. BOYNTON BEACH BLVD.
BAY #4
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

6607 W. BOYNTON BEACH BLVD.
BAY #4
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 20-8616922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILU, RON S
7621 NW 59 WAY
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

BILU, RON S
2700 WEST ATLANTIC BLVD
204
PAMPANO, FL 33069 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: _____ 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WASSER, HOWARD
Address: 6607 W. BOYNTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HOWARD WASSER PRES 03/23/2009
Electronic Signature of Signing Officer or Director Date