2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P07000061962

Entity Name: SUNSET LAKES CHIROPRACTIC, INC.

Current Principal Place of Business:

18658 NW 67TH AVE.
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

18658 NW 67TH AVE.
HIALEAH, FL 33015

New Mailing Address:

18401 MIRAMAR PARKWAY
MIRAMAR, FL 33029

FEI Number: 45-0571639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUS, ARNOLD M JR.
10081 PINES BLVD., SUITE C
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

FLEISCHER, SHARON G
1500 SW 191 LANE
PEMBROKE PINES, FL 33029 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: SHARON G. FLEISCHER 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: FLEISCHER, NEIL H DC
Address: 18658 NW 67TH AVE.
City-St-Zip: HIALEAH, FL 33015

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: NEIL H FLEISCHER DC PDS 04/16/2009
Electronic Signature of Signing Officer or Director Date