

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132974

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DR NICK WASLYN, DC, P.A.

**Current Principal Place of Business:**

4406 SOUTH FLORIDA AVE., STE. 19  
LAKELAND, FL 33813

**New Principal Place of Business:**

4406 SOUTH FLORIDA AVE.  
SUITE 25  
LAKELAND, FL 33813

**Current Mailing Address:**

4406 SOUTH FLORIDA AVE., STE. 19  
LAKELAND, FL 33813

**New Mailing Address:**

4406 SOUTH FLORIDA AVE.  
SUITE 25  
LAKELAND, FL 33813

FEI Number: 51-0659890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WASLYN, NICK  
6670 CHADRON CT.  
LAKELAND, FL 33813 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: PS ( ) Delete  
Name: WASLYN, NICK  
Address: 6670 CHADRON CT.  
City-St-Zip: LAKELAND, FL 33813

**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: NICK WASLYN

PS

04/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date