2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000005048

1. Entity Name
OVERLEA-FULLERTON CHIROPRACTIC CENTER, P.C.

Principal Place of Business	Mailing Address
C/O DR. BRIAN AUGUSTINE WESLEY CHAPEL,	C/O DR. BRIAN AUGUSTINE 5317 VILLAGE MARKET DR WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE

04102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
52-1907464	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEARD, ROBERT G JR JD
16644 VALLELY DRIVE
TAMPA, FL 33618-1152

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	AUGUSTINE, BRIAN J D.C.
STREET ADDRESS	5317 VILLAGE MARKET DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/14/08-80045-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian J Augustine, D.C.* BRIAN J. Augustine, D.C. 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #