

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005048

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

C/O DR. BRIAN AUGUSTINE
WESLEY CHAPEL,

New Principal Place of Business:

C/O DR. BRIAN AUGUSTINE
5317 VILLAGE MARKET DR
WESLEY CHAPEL, FL 33543

Current Mailing Address:

C/O DR. BRIAN AUGUSTINE
5317 VILLAGE MARKET DR
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 52-1907464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEARD, ROBERT G JR JD
16644 VALLELY DRIVE
TAMPA, FL 336181152 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: PSTD () Delete
Name: AUGUSTINE, BRIAN J D.C.
Address: 5317 VILLAGE MARKET DR
City-St-Zip: WESLEY CHAPEL, FL 33543

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: ROBERT G BEARD JR JD LLM CPA

CPA

03/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date