

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005048

FILED
Feb 20, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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
Name: AUGUSTINE, BRIAN J D.C.
Address: 5317 VILLAGE MARKET DR
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G BEARD JR JD LLM CPA

CPA

02/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date