## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000000522

Entity Name: MEYERS BROTHERS KALICKA PC

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
330 WHITN STE 800 HOLYOKE,							
Current Mailing Address:				New Mailing Address:			
330 WHITN STE 800 HOLYOKE,							
FEI Number:	04-2713795	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Statu	s Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MYERS, ST 12491 VER, FT. MYERS	ANDAH BLVD.	US	MEYERS, STUART D 12491 VERANDAH BLVD. FT. MYERS, FL 33905 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.							
SIGNATUR	E: STUART D					06/29/2009	<del>)</del>
	Electronic	Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CHRM () E KALICKA, DAVID 330 WHITNEY AV HOLYOKE, MA	/E. STE 800		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () E KALICKA, DAVID 330 WHITNEY AV HOLYOKE, MA	/E. STE 800		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () C CALNAN, JAMES 330 WHITNEY AV HOLYOKE, MA	/E. STE 800		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () E AGOSTINO, RUD 330 WHITNEY AV HOLYOKE, MA	IY M √E. STE 800		Title: Name: Address: City-St-Zip:	T (X) D'AGOSTINO, R 330 WHITNEY A HOLYOKE, MA	VE. STE 800	
Title: Name: Address: City-St-Zip:	D () E BARRETT, JAME 330 WHITNEY AV HOLYOKE, MA	/E. STE 800		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () C CHASE, RICHAR 330 WHITNEY AV HOLYOKE, MA	/E. STE 800		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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.

	Flacture of Circuit of Office of Disease		D-4-
SIGNATURE:	DAVID A KALICKA	CHRM	06/29/2009