

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69965

FILED
Jan 30, 2008
Secretary of State

Entity Name: PIERCE CLINIC OF CHIROPRACTIC, P.A.

Current Principal Place of Business:

1125 FIRST ST S
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

1125 FIRST ST S
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-2179118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, DARRELL
1125 1ST ST. SOUTH
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

PIERCE, DARRELL F DR.
1125 1ST ST. SOUTH
WINTER HAVEN, FL 33880 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.

SIGNATURE: DARRELL F. PIERCE, D.C.

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PIERCE, DARRELL,
Address: 1125 1ST ST. SOUTH
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PIERCE, DARRELL F DR.
Address: 1125 1ST ST. SOUTH
City-St-Zip: WINTER HAVEN, FL

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: DARRELL F. PIERCE

DR.

01/30/2008

Electronic Signature of Signing Officer or Director

Date