## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J92012

Entity Name: JOHN A. MORRIS, D.C., P.A.

FILED Nov 12, 2008 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

333 N 5TH AVENUE

JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address: New Mailing Address:

333 N 5TH AVENUE

JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2256389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, JOHN A MORRIS, CASEY G
333 N 5TH AVE 333 N 5TH AVE

JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250

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: CASEY G. MORRIS, DC 11/12/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition MORRIS, CASEY D.C. MORRIS, CASEY G D.C. Name: Name: 603 GREAT ABACO COURT 603 GREAT ABACO COURT Address: Address: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

Title: T ( ) Delete Title: S (X) Change ( ) Addition
Name: BANKERT JEAN
Name: BANKERT JEAN

 Name:
 BANKERT, JEAN
 Name:
 BANKERT, JEAN

 Address:
 13732 NIGHT HAWK CT
 Address:
 13732 NIGHT HAWK CT

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: PD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRIS, JOHN A D.C.
 Name:

 Address:
 4069 GLENHURST DR. N.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: DV (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRIS, PAM
 Name:

 Address:
 4069 GLENHURST DR. N.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 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: CASEY G. MORRIS, DC PD 11/12/2008