

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53876

FILED
Feb 20, 2010
Secretary of State

Entity Name: STEVEN J. AUGUSTINE, M.S., D.C., P.A.

Current Principal Place of Business:

C/O NW CHIROPRACTIC, WESTWOOD PLAZA
4547 GUNN HWY
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN J. AUGUSTINE, M.S., D.C.
2800 BAHIA VISTA ST., SUITE 100
SARASOTA, FL 342392709 US

New Mailing Address:

C/O STEVEN J. AUGUSTINE, M.S., D.C.
2800 BAHIA VISTA ST., SUITE 100
SARASOTA, FL 34239 US

FEI Number: 59-2920246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTINE, STEVEN J. M.S. D.C.
2800 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239 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: DPST
Name: AUGUSTINE, STEVEN J MS, DC
Address: 4547 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33624 US

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 LL.M CPA

CPA

02/20/2010

Electronic Signature of Signing Officer or Director

Date