

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54400

FILED
Mar 18, 2009
Secretary of State

Entity Name: ROBERT S. AUGUSTINE, D.C., P.A.

Current Principal Place of Business:

% ROBERT S. AUGUSTINE D C
2800 BAHIA VISTA
SARASOTA, FL 34239

New Principal Place of Business:

C/O ROBERT S. AUGUSTINE D C
2800 BAHIA VISTA, SUITE 100
SARASOTA, FL 34239

Current Mailing Address:

% ROBERT S. AUGUSTINE D C
2800 BAHIA VISTA
SARASOTA, FL 34239

New Mailing Address:

C/O ROBERT S. AUGUSTINE D C
2800 BAHIA VISTA, SUITE 100
SARASOTA, FL 34239

FEI Number: 59-2920245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTINE, ROBERT S., D C
2800 BAHIA VISTA
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

AUGUSTINE, ROBERT S., D C
2800 BAHIA VISTA ST, SUITE 100
SARASOTA, FL 34239 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:

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: AUGUSTINE, ROBERT S
Address: 623 WATERSIDE WAY
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete
Name: AUGUSTINE, ROBERT S
Address: 623 WATERSIDE WAY
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: AUGUSTINE, ROBERT S DC
Address: 2800 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
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: ROBERT G BEARD JR JD LL.M. CPA

CPA

03/18/2009

Electronic Signature of Signing Officer or Director

Date