


2008 FOR PROFIT CORPORATION ANNUAL REPORT

10fz

DOCUMENT # P0000024337 1. Entity Name MARKER CHIROPRACTIC ASSOCIATES, INC.	
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FILED
2008 SEP 15 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2212 CLEVELAND AVENUE FORT MYERS, FL 33901 US	Mailing Address 2212 CLEVELAND AVENUE FORT MYERS, FL 33901 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09122008 Chg-P CR2E034 (12/06) **08**

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0988642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARKER, JAMES B. 1318 LAFAYETTE STREET CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARKER, JAMES B 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600136159886 09/19/08--01045--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr James B Marker 9/12/08 238 334 6715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ZJZ

Dr. James B. Marker
Marker Chiropractic Associates
2212 Cleveland Avenue
Ft. Myers, FL 33901

State of Florida
Division of Corporations
P. O. Box 8800
Tallahassee, FL 32314

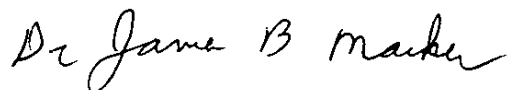
Gentlemen:

I am enclosing the \$150.00 Annual Corporation Fee.

I did not receive the usual notice and I believe this payment may be past the due date.

Please forgive this error; I am using last year's form for reference. I downloaded the form from the internet, and I phoned the 850 245 6056 number for help. I do not see the "did not receive" box referenced in the phone call.

Thank you for your kind consideration.



Dr. James B. Marker