

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043782

FILED
Jan 22, 2009
Secretary of State

Entity Name: JULINGTON CREEK CHIROPRACTIC AND WELLNESS CENTER, P.A.

Current Principal Place of Business:

465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 22-3604666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAHMANN, THOMAS
465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259 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: D () Delete
Name: LAHMANN, THOMAS
Address: 465 STATE ROAD 13, SUITE 11
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS LAHMANN

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01/22/2009

Electronic Signature of Signing Officer or Director

Date