

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089703

FILED
Jan 24, 2008
Secretary of State

Entity Name: CHARLES OLIVERI, D.C., P.A.

Current Principal Place of Business:

1990 E. OCEAN BLVD.
STUART, FL 34996

New Principal Place of Business:

1990 S.E. OCEAN BLVD.
STUART, FL 34996

Current Mailing Address:

1990 E. OCEAN BLVD.
STUART, FL 34996

New Mailing Address:

1990 S.E. OCEAN BLVD.
STUART, FL 34996

FEI Number: 65-1044040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVERI, JOANNE
1990 E. OCEAN BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

OLIVERI, JOANNE
1990 S.E. OCEAN BLVD.
STUART, FL 34996 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: _____

Electronic Signature of Registered Agent

01/24/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: OLIVERI, CHARLES
Address: 1990 E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: OLIVERI, CHARLES
Address: 1990 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

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: CHARLES OLIVERI

Electronic Signature of Signing Officer or Director

DR

01/24/2008

Date