2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022634

Entity Name: WHOLE HEALTH CLINIC, INCORPORATED

FILED Jul 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2322 CENTERVILLE RD 2819 MAHAN DRIVE TALLAHASSEE, FL 32308

SUITE 102

TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

2322 CENTERVILLE RD 2819 MAHAN DRIVE

TALLAHASSEE, FL 32308 SUITE 102

TALLAHASSEE, FL 32308

FEI Number: 01-0553453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DWYER, PERIL DC DWYER, PERIL DC 2322 CENTERVILLE RD 2819 MAHAN DRIVE

TALLAHASSEE, FL 32308 US SUITE 102

TALLAHASSEE, FL 32308 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: PERI DWYER 07/17/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition Title:

DWYER, PERI L DC Name: Name: 119 RHODEN COVE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 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: PERI DWYER CEO 07/17/2008