

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079125

Entity Name: SPIRIT GATE MEDICINE INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

BAYBRIDGE CHIROPRACTIC
107 BAYBRIDGE DR
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

2319 N 15TH AVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3685531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAN, BONNIE
2319 N. 15TH AVE.
PENSACOLA, FL 32503 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: MCLEAN, BONNIE
Address: 2319 N. 15TH AVE.
City-St-Zip: PENSACOLA, FL 32503

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: BONNIE MCLEAN

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date