2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035399

Entity Name: OLMSTED CHIROPRACTIC CLINIC, P.A.

FILED Apr 23, 2009 Secretary of State

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

327 LAKE MARIAM BLVD S.E. WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

327 LAKE MARIAM BLVD S.E. WINTER HAVEN, FL 33884

FEI Number: 61-1408757 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:

SANDRA K PRIDEMORE PA
229 TAMIAMI TRAIL SOUTH
VENICE, FL 34285 US

OLMSTED, MELISSA G PD
327 LAKE MARIAM BLVD. S.E.
WINTER HAVEN, FL 33884 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: MELISSA G. OLMSTED 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition OLMSTED, MELISSA OLMSTED, MELISSA G Name: Name: 327 LAKE MARIAM BLVD S.E. Address: 327 LAKE MARIAM BLVD S.E. Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

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: MELISSA G. OLMSTED PD 04/23/2009