

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103350

Entity Name: HEALTH SOURCE CHIROPRACTIC, INC.

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

3974 TAMPA ROAD, SUITE B
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3974 TAMPA ROAD, SUITE B
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 33-1024539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JEFF L ESQ.
MYERS & BUTTACI, LLC
4175 EAST BAY DRIVE SUITE 209
CLEARWATER, FL 33764 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: DPTD () Delete
Name: MAGNANO, DAVID C
Address: 3974 TAMPA ROAD, SUITE B
City-St-Zip: OLDSMAR, FL 34677

Title: DS () Delete
Name: MAGNANO, MAGNANO C
Address: 3974 TAMPA ROAD, SUITE B
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID C. MAGNANO

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date

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Health Source Chiropractic

3974 Tampa Road, Suite B
Oldsmar, Florida 34677
Phone 813-854-6200 Fax 813-854-6203
E-Mail: drmagnano@gmail.com

David C. Magnano, DC
Chiropractic Physician

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs,

I am requesting a refund of the \$400.00 late fee for the following reasons;

1. I did not receive a notice prior to the date required.
2. I did not see the red waiver paragraph when I filed online.

So I am requesting a waiver of the late fee. I do understand that I have already paid the fee on a credit card and will only receive \$390.00 back as a refund.

Thank you for your help.

Make check payable to:

Health Source Chiropractic, Inc.
3974 Tampa Road
Suite B
Oldsmar, FL 34698

Sincerely,



Dr. David C. Magnano