
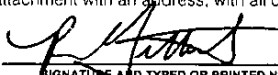


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 042 ***150.00

DOCUMENT # P02000123241 1. Entity Name GILBERT CHIROPRACTIC CLINIC, INC.					
Principal Place of Business 354 FOSTER LANE CLEARWATER, FL 33756			Mailing Address 354 FOSTER LANE CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # 5949 17th Ave W Suite, Apt. #, etc.		3. Mailing Address 5949 17th Ave W Suite, Apt. #, etc.			
City & State BRADENTON FL		City & State BRADENTON FL		4. FEI Number 38-3667150	
Zip 34209		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, RONALD K 354 FOSTER LANE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name GILBERT, RONALD K Street Address (P.O. Box Number is Not Acceptable) 5949 17th Ave W City BRADENTON FL Zip Code 34209		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GILBERT, RONALD K 354 FOSTER LANE CLEARWATER, FL 33756 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GILBERT RONALD K 5949 17th Ave W BRADENTON FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/25/2008 941-794-3344 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					