

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048473

FILED
Apr 29, 2008
Secretary of State

Entity Name: FRONSTIN CHIROPRACTIC MEDICINE INC.

Current Principal Place of Business:

1383 W PALMETTO PARK RD
BOCA RATAON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1383 W PALMETTO PARK RD
BOCA RATAON, FL 33486

New Mailing Address:

FEI Number: 43-2012286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRONSTIN, FRED E D.C.
1383 W PALMETTO PARK RD
BOCA RATAON, FL 33486 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: FRONSTIN, FRED E D.C.
Address: 1383 W PALMETTO PARK RD
City-St-Zip: BOCA RATAON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FRONSTIN, FRED E D.C.
Address: 1383 W PALMETTO PARK RD
City-St-Zip: BOCA RATAON, FL 33486

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: FRED E FRONSTIN

DR

04/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date