2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P04000033168

Entity Name: LIFE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

1230 SE P.S.L. BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1230 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1230 SE P.S.L. BLVD
PORT ST. LUCIE, FL 34952

New Mailing Address:

1230 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

FEI Number: 57-1198769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUKEYSER, MARTIN N
569 SW NEW CASTLE COVE
PORT ST. LUCIE, FL 34986 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: RUKEYSER, MARTIN N
Address: 569 SE NEW CASTLE COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MARTIN RUKEYSER D 01/07/2008

Electronic Signature of Signing Officer or Director — Date