2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# P04000043532

Entity Name: WHITFIELD CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

5108 15TH ST E
SUITE 203
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8477
NAPLES, FL 34101

New Mailing Address:

5108 15TH ST E
SUITE 203
BRADENTON, FL 34203 US

FEI Number: 56-2439473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, VERLINE
4750 18TH AVENUE SE
NAPLES, FL 34117 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: P, D ( ) Delete
Name: JOSEPH, ODINO
Address: 5108 15TH ST E SUITE 203
City-St-Zip: BRADENTON, FL 34203 US

Title: STD ( ) Delete
Name: JOSEPH, VERLINE
Address: 5108 15TH ST E SUITE 203
City-St-Zip: BRADENTON, FL 34203 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: DESTINE, DONEL J
Address: 2831 44TH ST SW
City-St-Zip: NAPLES, FL 34116

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: JHOSEP ODINO P 03/17/2008

Electronic Signature of Signing Officer or Director Date