

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052953

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: DR. KIA VANDUSEN MCCULLEN, D.C., P.A.

**Current Principal Place of Business:**

612 S. MARTIN LUTHER KING JR. AVE  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 S. MARTIN LUTHER KING JR. AVE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

FEI Number: 20-0943794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED CORPORATE AGENTS, INC.  
612 S. MARTIN LUTHER KING JR. AVE  
CLEARWATER, FL 33756 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,S ( ) Delete  
Name: VANDUSEN MCCULLEN, KIA  
Address: 300 ROGERS COURT  
City-St-Zip: SAFETY HARBOR, FL 34695 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,S (X) Change ( ) Addition  
Name: VANDUSEN MCCULLEN, KIA  
Address: 1264 COUNTY ROAD #1  
City-St-Zip: DUNEDIN, FL 34698 US

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: KIA VANDUSEN MCCULLEN

P S

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date