

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087676

FILED
Apr 25, 2008
Secretary of State

Entity Name: EAST OAKLAND CHIROPRACTIC, P.A.

Current Principal Place of Business:

304 E. OAKLAND PARK BLVD.
WILTON MANORS, FL 33334

New Principal Place of Business:

6550 S. US HWY 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

304 E. OAKLAND PARK BLVD.
WILTON MANORS, FL 33334

New Mailing Address:

6550 S. US HWY 1
PORT ST. LUCIE, FL 34952

FEI Number: 86-1111528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHTHAL, DAVID
501 NE 21 AVENUE #5
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

BUCHTHAL, DAVID
367 SMALLWOOD AVE
FORT PIERCE, FL 34982 US

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: DAVID BUCHTHAL

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUCHTHAL, DAVID
Address: 501 NE 21 AVENUE #5
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUCHTHAL, DAVID
Address: 367 SMALLWOOD AVE
City-St-Zip: FORT PIERCE, FL 34982

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: DAVID BUCHTHAL

DR.

04/25/2008

Electronic Signature of Signing Officer or Director

Date