

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000090665

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** AUGUSTINE CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

5317 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

5317 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number:** 20-1324973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEARD, ROBERT G  
16644 VALLELY DRIVE  
TAMPA, FL 336181152 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: STP ( ) Delete  
Name: AUGUSTINE, BRANIN J D.C  
Address: 5317 VILLAGE MARKET DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

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

Title: DPST (X) Change ( ) Addition  
Name: AUGUSTINE, BRIAN J D.C.  
Address: 5317 VILLAGE MARKET DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

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:** ROBERT G BEARD JR JD LLM CPA

CPA

03/18/2009

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

\_\_\_\_\_  
Date