2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008
Secretary of State

DOCUMENT# P04000117887

Entity Name: ELITE CHIROPRACTIC ,P.A.

Current Principal Place of Business:

7740 NOVA DRIVE
B-4
DAVIE, FL 33324

New Principal Place of Business:

1912 S. UNIVERSITY DRIVE
DAVIE, FL 33324

Current Mailing Address:

7740 NOVA DRIVE
B-4
DAVIE, FL 33324

New Mailing Address:

P.O BOX 291356
DAVIE, FL 33329 13

FEI Number: 20-1515364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: SCHWARTZ, JONATHAN
Address: 489 CARRINGTON LANE
City-St-Zip: WESTON, FL 33326

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: JONATHAN R. SCHWARTZ OWNE 06/27/2008

Electronic Signature of Signing Officer or Director Date