


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90036 046 ***150.00

DOCUMENT # P04000136413

1. Entity Name
 SHARI OGILVIE, D.C., P.A.



Principal Place of Business
 223 AIRPORT RD SOUTH
 NAPLES, FL 34104 US

Mailing Address
 223 AIRPORT ROAD SOUTH
 NAPLES, FL 34104 US

2. Principal Place of Business - No P.O. Box #
 1100 South Collier Blvd.
 Suite, Apt. #, etc.
 #1225

3. Mailing Address
 1100 South Collier Blvd.
 Suite, Apt. #, etc.
 #1225

City & State
 Marco Island, FL

City & State
 Marco Island, FL

Zip Country
 34145 USA

Zip Country
 34145 USA

04032008 Chg-P CR2E034 (12/06)

4. FEI Number
 05-0609872

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGILVIE, SHARI
 223 AIRPORT ROAD SOUTH
 NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
 Ogilvie, Shari

Street Address (P.O. Box Number Is Not Acceptable)
 1100 South Collier Blvd. #1225

City Zip Code
 Marco Island FL 34145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shari Ogilvie DATE: 4/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OGILVIE, SHARI 223 AIRPORT ROAD SOUTH NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shari Ogilvie DATE: 4/14/08 (239) 825-4147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #