

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170746

FILED
Jan 16, 2008
Secretary of State

Entity Name: OCEAN CHIROPRACTIC AND HEALTH CENTER, INC.

Current Principal Place of Business:

805 VIRGINIA AVENUE
STE 10
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

805 VIRGINIA AVENUE
STE 10
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 02-0735207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEINER, MELISSA S
805 VIRGINIA AVE #10
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

DEINER, MELISSA S
805 VIRGINIA AVE
STE 10
FT 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: _____ 01/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEINER, JOHN B
Address: 805 VIRGINIA AVNUE #10
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: DEINER, MELISSA S
Address: 811 SE OCEAN BLVD
City-St-Zip: STUART, FL 34994

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: J. BRADLEY DEINER, DC O 01/16/2008
Electronic Signature of Signing Officer or Director Date