

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123814

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: MICHAEL MASTERMAN, D.C., P.A.

## Current Principal Place of Business:

601 N CONGRESS AVE SUITE 311  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

189 ATLANTIC FALLS TRAIL  
BLACK MOUNTAIN, NC 28711

## Current Mailing Address:

601 N CONGRESS AVE SUITE 311  
DELRAY BEACH, FL 33445

## New Mailing Address:

PO BOX 1359  
BLACK MOUNTAIN, NC 28711 US

FEI Number: 16-1732713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASTERMAN, MICHAEL DC  
601 N. CONGRESS AVE.  
SUITE 311  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

MASTERMAN, MICHAEL DC  
189 ATLANTIC FALLS TRAIL  
BLACK MOUNTAIN, FL 28711 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: MICHAEL MASTERMAN

04/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD  
Name: MASTERMAN, MICHAEL DC  
Address: PO BOX 1359  
City-St-Zip: BLACK MOUNTAIN, NC 28711

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MASTERMAN

PSD

04/15/2010

Electronic Signature of Signing Officer or Director

Date