


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 001 ***150.00

DOCUMENT # P05000135026

1. Entity Name
**ACCIDENT CARE & WELLNESS CHIROPRACTIC CLINIC
 SAN JOSE, INC**



Principal Place of Business Mailing Address
9315 SAN JOSE BLVD 9315 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3557470 Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, VIPUL R
9315 SAN JOSE BLVD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PATEL, VIPUL R | |
| STREET ADDRESS | 9315 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32257 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | ALBERT, GEORGE L | |
| STREET ADDRESS | 9315 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32257 | |
| TITLE | S/D | <input type="checkbox"/> Delete |
| NAME | STEVE, DAVID A | |
| STREET ADDRESS | 9315 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32257 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: *X David A. Steve* **DAVID A. STEVE** *4/29/08* *904-737-1111*

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