2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P05000139521

Entity Name: DEERWOOD LAKE CHIROPRACTIC, INC.

Current Principal Place of Business:

4540 SOUTHSIDE BLVD
1101
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BLVD
1101
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-3606341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANOPOLE, ROBERT J
8320 WEST SUNRISE BLVD
111
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

FORT, ANTHONY P D.C.
3530 BRIDGEWOOD DR
JACKSONVILLE, FL 32277 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: PETER A. FORT 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FORT, ANTHONY
Address: 3530 BRIDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.C. (X) Change ( ) Addition
Name: FORT, ANTHONY A D.C.
Address: 3530 BRIDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277 US

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: PETER A. FORT D.C. 02/18/2009
Electronic Signature of Signing Officer or Director Date