

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014671

FILED
Jul 10, 2008
Secretary of State

Entity Name: PRO-ADJUSTER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

GOODLETTE PROFESSIONAL CENTER
684 GOODLETTE RD N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

GOODLETTE PROFESSIONAL CENTER
684 GOODLETTE RD N
NAPLES, FL 34102

New Mailing Address:

C/O ELITE
28631 NORTH DIESEL DR
BONITA SPRINGS,, FL 34135

FEI Number: 59-3830147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLESE, ANTHONY P
684 GOODLETTE RD., NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGLESE, ANTHONY P
Address: 14686 SUTHERLAND AVE
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTHONY P INGLESE

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

_____ Date