

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015132

FILED
Apr 23, 2008
Secretary of State

Entity Name: DOWNTOWN CHIROPRACTIC AND SPORTS DEVELOPMENT CENTER P.A.

Current Principal Place of Business:

1147 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

137 SALEM COURT
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 14593
TALLAHASSEE, FL 323174593

New Mailing Address:

FEI Number: 59-3833976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INGRAM, SPENCER A
118 SALEM COURT
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELTON, WALTER C JR.
Address: 3332 THOMAS BUTLER RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELTON, WALTER C JR.
Address: 137 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

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: WALTER CALVIN MELTON, JR.

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date