

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156441

FILED
Apr 01, 2008
Secretary of State

Entity Name: A-Z GONSTEAD CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1926 WEST 3RD STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

1833 NORTH PEARL STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

1926 WEST 3RD STREET
JACKSONVILLE, FL 32209

New Mailing Address:

1833 NORTH PEARL STREET
JACKSONVILLE, FL 32206

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCTOR, ZEBOYE A
1926 WEST 3RD STREET
JACKSONVILLE, FL 32209 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: D () Delete
Name: DOCTOR, ZEBOYE A
Address: 1926 WEST 3RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DOCTOR, ZEBOYE A
Address: 1926 WEST 3RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: ZEBOYE A DOCTOR

DR

04/01/2008

Electronic Signature of Signing Officer or Director

Date