2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# P08000028300

Entity Name: GINDELE CHIROPRACTIC, P.A.

Current Principal Place of Business:

1560 MATTHEW DR, STE I
FORT MYERS, FL 33907 US

New Principal Place of Business:

1560 MATTHEW DR
SUITE I
FORT MYERS, FL 33907 US

Current Mailing Address:

1560 MATTHEW DR, STE I
FORT MYERS, FL 33907 US

New Mailing Address:

1560 MATTHEW DR
SUITE I
FORT MYERS, FL 33907 US

FEI Number: 26-2221019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MICHAEL P
3131 ST JOHNS BLUFF RD., S
JACKSONVILLE, FL 32246 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: GINDELE, NATHAN C
Address: 781 BARNES MILL TRACE
City-St-Zip: MARIETTA, GA 30062 US

Title: VP ( ) Delete
Name: BUDZINSKI, BRIENNE
Address: 781 BARNES MILL TRACE
City-St-Zip: MARIETTA, GA 30062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GINDELE, NATHAN C
Address: 1560 MATTHEW DR, STE I
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP (X) Change ( ) Addition
Name: GINDELE, BRIENNE
Address: 1560 MATTHEW DR, STE I
City-St-Zip: FORT MYERS, FL 33907 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: BRIENNE GINDELE VP 01/18/2009

Electronic Signature of Signing Officer or Director Date