2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P08000056259

Entity Name: REDMAN ANIMAL CHIROPRACTIC, P.A.

Current Principal Place of Business:

5318 SW 91ST TERRACE SUITE A
GAINESVILLE, FL 32608

New Principal Place of Business:

5318 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32608

Current Mailing Address:

5318 SW 91ST TERRACE SUITE A
GAINESVILLE, FL 32608

New Mailing Address:

5318 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32608

FEI Number: 26-4009927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAIER, FRANK P
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606 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: REDMAN, SEAN
Address: 3675 SW 57TH COURT
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: REDMAN, SEAN E PRESIDE
Address: 3817 SW 93RD TERR
City-St-Zip: GAINESVILLE, FL 32608

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: SEAN REDMAN PRES 04/23/2009

Electronic Signature of Signing Officer or Director Date