2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P08000064359

Entity Name: SAGE CHIROPRACTIC INCORPORATED

Current Principal Place of Business:

784 U.S. HIGHWAY 1 SUITE 12
VILLAGE OF NORTH PALM BEACH, FL 33408

New Principal Place of Business:

784 U.S. HIGHWAY 1
SUITE 12
VILLAGE OF NORTH PALM BEACH, FL 33408

Current Mailing Address:

784 U.S. HIGHWAY 1 SUITE 12
VILLAGE OF NORTH PALM BEACH, FL 33408

New Mailing Address:

784 U.S. HIGHWAY 1
SUITE 12
VILLAGE OF NORTH PALM BEACH, FL 33408

FEI Number: 80-0212893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSSIE, DELORES
1221 SNOWBELL PLACE
WELLINGTON, FL 33414 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: BUSSIE, DELORES
Address: 1221 SNOWBELL PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: T (X) Delete
Name: KENNEDY, WILLIAM
Address: 226 FAIRWAY WEST
City-St-Zip: TEQUESTA, FL 34469

Title: S (X) Delete
Name: HOLLEY, KENNETH
Address: 313 OAK STREET
City-St-Zip: MORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: BUSSIE, DELORES
Address: 1221 SNOWBELL PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DELORES BUSSIE P 01/06/2009

Electronic Signature of Signing Officer or Director Date