

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096818

FILED
Jul 30, 2009
Secretary of State

Entity Name: SHEMANSKY CHIROPRACTIC, P.A.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD, SUITE 2130
BONITA SPRINGS, FL 34135

New Principal Place of Business:

3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135

Current Mailing Address:

3501 HEALTH CENTER BLVD, SUITE 2130
BONITA SPRINGS, FL 34135

New Mailing Address:

P.O. BOX 366235
BONITA SPRINGS, FL 34136

FEI Number: 59-3701954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEMANSKY, CHIP
3501 HEALTH CENTER BLVD, SUITE 2130
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

SHEMANSKY, CHIP T
3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135 US

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: CHIP T. SHEMANSKY

07/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEMANSKY, CHIP
Address: 3501 HEALTH CENTER BLVD, SUITE 2130
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEMANSKY, CHIP T
Address: 3501 HEALTH CENTER BLVD, SUITE 2430
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR () Change (X) Addition
Name: WALKER, NICOLE N
Address: 3501 HEALTH CENTER BLVD., SUITE 2430
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR () Change (X) Addition
Name: ARMSTRONG, LEE ANN
Address: 3501 HEALTH CENTER BLVD., SUITE 2430
City-St-Zip: BONITA SPRINGS, FL 34135

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: NICOLE N. WALKER

MGR

07/30/2009

Electronic Signature of Signing Officer or Director

Date