

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078149

FILED
Apr 07, 2008
Secretary of State

Entity Name: BUSH CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

2402 LAKE DRIVE, NW
WINTER HAVEN, FL

New Principal Place of Business:

Current Mailing Address:

2402 LAKE DRIVE, NW
WINTER HAVEN, FL

New Mailing Address:

FEI Number: 59-3336979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, GARY
2402 LAKE DRIVE, NW
WINTER HAVEN, FL 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: BUSH, GARY
Address: 395 ADAMS RD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY BUSH

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date