2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000054873

Entity Name: GOLDEN CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

97 9TH STREET NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

97 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

Current Mailing Address:

97 9TH STREET NORTH
NAPLES, FL 34102 US

New Mailing Address:

97 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

FEI Number: 59-3417683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, GARY K
5801 PELICAN BAY BLVD.
NAPLES, FL 34108 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: DR ( ) Delete
Name: GOLDEN, HERB
Address: 97 9TH STREET NORTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GOLDEN, HERB
Address: 97 97 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 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: HERB GOLDEN DR 03/24/2009
Electronic Signature of Signing Officer or Director Date