## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000070277**

1. Entity Name KEITH L. VOLSTAD, D.C., P.A.



05072008

FILED
May 13, 2008 08:00 AN
Secretary of State

Principal Place of Business

SIGNATURE:

11211 PROSPERITY FARMS RD B-204 Palm Beach Gardens, FL 33410 Mailing Address

POST OFFICE BOX 32094 PALM BEACH GARDENS, FL. 33420



CR2E034 (11/05)

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6. Name and Address of Current Registered Agent

-		=	-
4. FEI Number			Applied For
65-0687985			Not Applicable
5. Certificate of Status Desired	Ò	\$8.75 Additional Fee Required	

No Cha-P

VOLSTAD, KEITH L
9688 DOGWOOD AVE.
PALM BEACH GARDENS, FL 33410

IN THIS SPACE

<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>									
നര വാസ്സ്വനവര വ വര്യായരെ വരുത്തി.									
SIGNATURE Spirature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agreeture required when remaining)  DATE									
ократник, уран от рессион полож у перволики орден и или как и перволики — (тол. к. тадовелом орден в прилам инци (за додину) — — — — — — — — — — — — — — — — — — —									
FILE NOW!!! FEE IS \$550.00  Due by September 12, 2008  9. Election Campaign Finant Trust Fund Contribution.			cing 🗆	\$5.00 May Be Added to Fees	U00000951142 06/04/08-80020-021 150.00				
10. OFFICERS AND DIRECTORS									
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	D VOLSTAD, KEITH L 9688 DOGWOOD AVE. PALM BEACH GARDENS, FL 33410								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	DO	NOT WRITE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•••					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									