

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066490

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAWRENCE A. ROSS D.C., P.A.

Current Principal Place of Business:

736 ORANGE AVE
FORT PIERCE, FL 34950 US

New Principal Place of Business:

10651 SOUTH US HWY ONE
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

5514 BUCHANAN DRIVE
FORT PIERCE, FL 34982 US

New Mailing Address:

10651 SOUTH US HWY ONE
PORT ST LUCIE, FL 34952 US

FEI Number: 59-3466470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, LAWRENCE A DR.
736 ORANGE AVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ROSS, LAWRENCE A DR.
10651 SOUTH US ONE
PORT ST LUCIE, FL 34952 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: ROSS, LAWRENCE A
Address: 5514 BUCHANAN DR.
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROSS, LAWRENCE A DR.
Address: 5514 BUCHANAN DR.
City-St-Zip: FT PIERCE, FL 34982

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: DR. LAWRENCE A. ROSS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date