

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022315

FILED
Feb 17, 2008
Secretary of State

Entity Name: CHIROPRACTIC AND NUTRITION CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

24810 BURNT PINE DR
STES 1 & 2
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24810 BURNT PINE DR
STES 1 & 2
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-0826517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLO, DOUGLAS A DR
24810 BURNT PINE DRIVE
STE 1&2
BONITA SPRINGS, FL 34134 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: PRES () Delete
Name: MERLO,DC, DOUGLAS A
Address: 24810 BURNT PINE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: O'BRIEN, HELENA B
Address: 14959 CALEB DR
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: O'BRIEN, ROBERT J
Address: 14959 CALEB DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MERLO,DC, DOUGLAS A DR
Address: 24810 BURNT PIINE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. DOUGLAS A MERLO

PRES

02/17/2008

Electronic Signature of Signing Officer or Director

Date