

DOCUMENT # P99000018855

1. Entity Name
HOFSTEE CHIROPRACTIC & WELLNESS CLINIC, P.A.

Principal Place of Business
2017 S. TENTH ST.
FT. PIERCE FL 34950

Mailing Address
2017 S. TENTH ST.
FT. PIERCE FL 34950

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0895069
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOFSTEE, MICHAEL B D.C.
8880 40TH AVE. NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent
Name see #6
Street Address (P.O. Box Number is Not Acceptable)
4708 Sunset Blvd
City Fort Pierce FL Zip Code 34982

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HOFSTEE, MICHAEL | |
| STREET ADDRESS | 2010 COLONIAL RD. #4 | → |
| CITY-ST-ZIP | FORT PIERCE FL 34950 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HOFSTEE, MICHELLE | |
| STREET ADDRESS | 2010 COLONIAL RD. | → |
| CITY-ST-ZIP | FORT PIERCE FL 34950 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael Hofstee | |
| STREET ADDRESS | 4708 Sunset Blvd | |
| CITY-ST-ZIP | Fort Pierce FL 34982 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michelle Hofstee | |
| STREET ADDRESS | 4708 Sunset Blvd | |
| CITY-ST-ZIP | Fort Pierce FL 34982 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE: M. Hofstee 1/1/01 561-461-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #