

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018855

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

2017 S. TENTH ST.
FT. PIERCE, FL 34950

New Principal Place of Business:

207 NW ST JAMES DRIVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

2017 S. TENTH ST.
FT. PIERCE, FL 34950

New Mailing Address:

207 NW ST JAMES DRIVE
PORT ST. LUCIE, FL 34983

FEI Number: 65-0895069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTEE, MICHAEL B D.C.
2017 S. 10TH STREET
FORT PIERCE, FL 39982 US

Name and Address of New Registered Agent:

HOFSTEE, MICHAEL
207 NW ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983 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: MICHAEL HOFSTEE

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFSTEE, MICHAEL
Address: 2017 S 10TH ST
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOFSTEE, MICHAEL
Address: 207 NW ST. JAMES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: MICHAEL HOFSTEE

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02/24/2009

Electronic Signature of Signing Officer or Director

Date