## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 8:00 am Secretary of State

ANNOAL REPORT						Scerciary of State					
DOCUMENT # P99000029515  1. Entity Name VENICE VILLAGE CHIROPRACTIC CLINIC, P.A.							04-16-2008 !	90015 01	6 ***150	.00	
Principal Plac	e of Business	Mailing Address									
4107 TAMIAMI TRAIL S. 4107 TAMIAMI TRAIL S. VENICE, FL 34293 VENICE, FL 34293			AIL S.			60023835					
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
4140	Woodmere Park Blu	14140 Woodn	nere 1	OK BI	lid.	* 19-6116-91 119 -	lasia talif aafii eejii as	DIII BEITE KAIE I	ATRI BIIBI IIBBI BII	III II	
Suite, Apt. #, etc. Suite, Apt. #, etc.						02142008	Chg-P	CR2E(	CR2E034 (12/06)		
#2		# み						<b>0.4.</b>			
City & Stat		City & State	C.			4. FEI Number			_ <del>                                    </del>	plied For	
<u>Veni</u> Zip	Country	Venice	Coun	dru		65-0905	1031			t Applicable	
34-20	î3	34293	Coun	u y			of Status Desired		\$8.75 Add Fee Required		
	- 6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered	Agent		
BOLEN, GARY E					Name						
4107 TAMIAMI TRAIL S. VENICE, FL 34293				Street Address (P.O. Box Number is Not Acceptable)							
7 E 1 11 0 E, 1											
					_				Zip Code		
				City				FL	• <u> </u>		
	named entity submits this statement to ions of registered agent.	r the purpose of changing	its registere	ed office or	register	ed agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registured agent.	and tille if souther ande	IO's Registere	d Ameri saman.	an container	when (einstating)		DATE			
		, and the product of	TO E TOPISH TO	a mac it ship tall	are regards			D4.6			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Carr Trust Fund C	. •	ncing		00 May Be ed to Fees					
10.	OFFICERS AND	 DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	S IN: 11	
INTE	D	☐ Delete	TITLE		<u> </u>				☐ Change	Addition	
NAME	BOLEN, GARY E.		NAM	E			_		_ •	_	
STREET ADDRESS	4107 S. TAMIAMI TRAIL		SIRE	ET ADDRESS	414	o woodr	nere Pork	( BIVC	(, # <i>&gt;</i>		
CITY-ST-ZIP	VENICE, FL 34293		ÇITY	- \$1 - ZIP	Ver	rice, FL 34293					
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NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				et address - St - Zip							
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CITY-\$1 ZIP				- S1 - ZIP							
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NAME			NAM	E							
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CITY - ST - ZIP			CITY	-SI-ZIP							
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NAME			NAM								
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CITY-ST-ZIP	4. N.			- ST - ZIP							
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CITY-ST-ZIP	•• ••	. Ar		-S1-ZIP							
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12. Thereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental seport 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 redeliver 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.

SIGNATURE:

SENATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2008

Daytime Phone #