

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2008 90015 016 ***150.00

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DOCUMENT # P99000029515 1. Entity Name VENICE VILLAGE CHIROPRACTIC CLINIC, P.A.			
Principal Place of Business 4107 TAMiami TRAIL S. VENICE, FL 34293		Mailing Address 4107 TAMiami TRAIL S. VENICE, FL 34293	
2. Principal Place of Business - No P.O. Box # 4140 Woodmere Park Blvd		3. Mailing Address 4140 Woodmere Park Blvd.	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State Venice FL		City & State Venice FL	
Zip 34293		Zip 34293	
Country 		Country 	
4. FEI Number 65-0905831		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLEN, GARY E 4107 TAMiami TRAIL S. VENICE, FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BOLEN, GARY E. 4107 S. TAMiami TRAIL VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4140 Woodmere Park Blvd. #2 Venice, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-4-2008 <small>Daytime Phone: #</small>	