2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# S41837

Entity Name: LAFAYETTE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1844 FIDDLER CT., STE B
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1844 FIDDLER CT., STE B
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3069446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAJOCZKY, ANTHONY L.
125 N. FRANKLIN
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BAJOCZKY, ANTHONY L
125 N. FRANKLIN
TALLAHASSEE, FL 32301 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: ANTHONY L. BAJOCZKY 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JENSEN, JAN,
Address: 1844 FIDDLER COURT, SUITE B
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JENSEN, JAN
Address: 1844 FIDDLER COURT, SUITE B
City-St-Zip: TALLAHASSEE, FL 32308

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: JAN JENSEN P 01/21/2009
Electronic Signature of Signing Officer or Director Date