

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S88737

1. Entity Name
WHOLISTIC HEALTH CLINIC, INC.



Principal Place of Business
**GULFGATE CHIROPRACTIC
2196 GULF GATE DR
SARASOTA, FL 34231**

Mailing Address
**GULFGATE CHIROPRACTIC
2196 GULF GATE DR
SARASOTA, FL 34231**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0290781

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, KURT F.
6624 GATEWAY AVENUE
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINKOFF, ALAN J.
STREET ADDRESS	1820 WOODHAVEN CIRCLE
CITY- ST- ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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01/09/04-80007-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all officers, like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04

9419241413