

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000256250  
CITY - ST - ZIP 03/09/05-80007-001 150.00

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN J. LINKOFF

3/7/05 941 924 1413

Date Daytime Phone #