

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88737

FILED
Apr 21, 2006
Secretary of State

Entity Name: WHOLISTIC HEALTH CLINIC, INC.

Current Principal Place of Business:

GULFGATE CHIROPRACTIC
2196 GULF GATE DR
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

GULFGATE CHIROPRACTIC
2196 GULF GATE DR
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0290781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINKOFF, ALAN J.,
Address: 1820 WOODHAVEN CIRCLE
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LINKOFF, ALAN J.,
Address: 1820 WOODHAVEN CIRCLE
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN J. LINKOFF

DR.

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date