2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # V34845 1. Entity Name J. MARTIN TRUE, D.C., D.A.B.C.N., P.A.



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

500 SE DIXIE HWY

STE 2

STUART, FL 34994 US

Mailing Address

500 SE DIXIE HWY STE 2 STUART, FL 34994 US

570/W1,1E 545.



20	NOT	WRITE	IN THIS	SPACE
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 04072008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0316144
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUE, JEROME M. 500 SE DIXIE HWY 2

STUART, FL 34994

DO NOT WRITE IN THIS SPACE

	•			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered Agent signati	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		CTORS	······································	1
TITLE NAME STREET ADDRESS CITY - ST-ZIP	D TRUE, JEROME M. 500 SE DIXIE HWY #2 STUART, FL 34994			U00000890192 04/22/08-80084-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			DO	NOT WRITE

DO NOT WRITE IN THIS SPACE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47/08

(770) 219 - 9983