

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37616

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** WIDOM CHIROPRACTIC OFFICES, P.A.

**Current Principal Place of Business:**

1400 GOODLETTE RD N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 GOODLETTE RD N  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 65-0336318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIDOM, GAVIN  
1400 GOODLETTE ROAD N  
NAPLES, FL 34102 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:** PVST ( ) Delete  
**Name:** WIDOM, GAVIN J. D  
**Address:** 1400 GOODLETTE RD N  
**City-St-Zip:** NAPLES, FL 34102 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** GAVIN J. WIDOM

PVST

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date