

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46604

FILED
Apr 03, 2009
Secretary of State

Entity Name: CHIROPRACTIC HEALTH CENTER OF KEY WEST, P.A.

Current Principal Place of Business:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0342587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, JONATHAN R DR.
19 ALLAMANDA TERRACE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MEYERS, JONATHAN R
19 ALLAMANDA TERRACE
KEY WEST, FL 33040 US

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: JONATHAN R. MEYERS

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MEYERS, JONATHAN R
Address: 19 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040 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: JONATHAN R. MEYERS

DR.

04/03/2009

Electronic Signature of Signing Officer or Director

Date