

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58720

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** AMERICAN CHIROPRACTIC CLINICS, P.A.

**Current Principal Place of Business:**

10800 N. MILITARY TRAIL, SUITE 111  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

10800 N. MILITARY TRAIL, SUITE 111  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0102005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREW, THAW H PRES  
10800 N. MILITARY TRAIL, SUITE 111  
PALM BEACH, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: THAW, ANDREW H.  
Address: 10800 N MILITARY TR #111  
City-St-Zip: PALM BCH GDNS, FL 33410

Title: D  
Name: THAW, ANDREW  
Address: 10800 N MILITARY TR #111  
City-St-Zip: PALM BCH GDNS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: ANDREW THAW

PRES

01/04/2011

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

\_\_\_\_\_ Date