

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32337

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** AMERICA'S CHIROPRACTIC CENTERS, INC.

**Current Principal Place of Business:**

8994 TAFT ST.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8994 TAFT ST.  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0165429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SATINOFF, CRAIG M.  
8994 TAFT ST.  
PEMBROKE PINES, FL 33024 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: PD  
Name: SATINOFF, CRAIG M.  
Address: 8994 TAFT ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

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: CRAIG SATINOFF

PRES

05/01/2012

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

\_\_\_\_\_ Date