

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020530

Entity Name: WINDMILL CHIROPRACTIC, P.A.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17160 ROYAL PALM BLVD  
STE 1  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

17160 ROYAL PALM BLVD  
STE 1  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 48-1303172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEHAR, RICK J  
1850 HIDDEN TRAIL LANE  
WESTON, FL 33327 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: P  
Name: BEHAR, RICK  
Address: 1850 HIDDEN TRAIL LANE  
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: VP  
Name: BROWNER, MARC J  
Address: 14915 S.W. 35TH STREET  
City-St-Zip: DAVIE, FL 33331 US

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: RICK BEHAR

P

04/26/2011

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

\_\_\_\_\_  
Date