

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079073

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

**Entity Name:** PINECREST CHIROPRACTIC P.A.

**Current Principal Place of Business:**

12177 SOUTH DIXIE HWY  
PINECREST, FL 33156

**New Principal Place of Business:**

8239 SW 124 STREET  
A  
PINECREST, FL 33156

**Current Mailing Address:**

12177 SOUTH DIXIE HWY  
PINECREST, FL 33156

**New Mailing Address:**

8239-A SW 124 STREET  
PINECREST, FL 33156

FEI Number: 20-0115848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESTEVEZ, VICTOR DR.  
12177 SOUTH DIXIE HWY  
PINECREST, FL 33156 US

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

ESTEVEZ, VICTOR DR.  
8239-A SW 124 STREET  
PINECREST, FL 33156 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: YAMILET ESTEVEZ

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ESTEVEZ, VICTOR DR.  
Address: 8239-A SW 124 STREET  
City-St-Zip: PINECREST, FL 33156

Title: T  
Name: ESTEVEZ, YAMILET  
Address: 8239-A SW 124 STREET  
City-St-Zip: PINECREST, FL 33156

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: YAMILET ESTEVEZ

T

04/26/2011

Electronic Signature of Signing Officer or Director

Date