

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155255

FILED
Apr 24, 2011
Secretary of State

Entity Name: HERON LAKES CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-1883685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JARED S DR.
5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 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: COHEN, JARED S DR.
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP
Name: CAMPESI/COHEN, CATERINA S DR.
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

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: JARED COHEN

P

04/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date