

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030055

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

6388 SILVER STAR RD., STE. 1D  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6388 SILVER STAR RD., STE. 1D  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 20-2414397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEOTTA, SEAN  
6388 SILVER STAR RD., STE. 1D  
ORLANDO, FL 32818 US

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

LEOTTA, KATHY  
1863 BRIDGEWATER DR  
LAKE MARY, FL 32746 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: KATHY LEOTTA

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LEOTTA, SEAN  
Address: 6388 SILVER STAR RD., STE. 1D  
City-St-Zip: ORLANDO, FL 32818

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: SEAN LEOTTA

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03/28/2012

Electronic Signature of Signing Officer or Director

Date