2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

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Entity Name: ALTOMARE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-3535662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTOMARE, JOSEPH J
7911 LITTLE FOX LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ALTOMARE, JOSEPH
7911 LITTLE FOX LANE
JACKSONVILLE, FL 32256 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: JOSEPH ALTOMARE 04/11/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST
Name: ALTOMARE, JOSEPH J
Address: 7911 LITTLE FOX LANE
City-St-Zip: JACKSONVILLE, FL 32256 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: JOSEPH ALTOMARE PST 04/11/2012
Electronic Signature of Signing Officer or Director Date