

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092545

FILED
Feb 19, 2011
Secretary of State

Entity Name: CHIROCARE OF ORLANDO PA

Current Principal Place of Business:

400 GATLIN AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1819 CHERRYWOOD CT
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 20-5202090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIS, LAWRENCE J
1819 CHERRYWOOD CT
SAINT CLOUD, FL 34769 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: PTD
Name: REIS, LAWRENCE J
Address: 1819 CHERRYWOOD CT
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VSD
Name: LASTARZA, ROLAND M
Address: 5326 CHISWICK CIRCLE
City-St-Zip: ORLANDO, FL 32816 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: LAWRENCE J REIS

PRES

02/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date