

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093279

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** SHAFER CHIROPRACTIC CLINIC, INC

**Current Principal Place of Business:**

2253 PARK STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

2253 PARK STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 87-0791900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAFER, ERICH E  
2253 PARK STREET  
JACKSONVILLE, FL 32204 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: SHAFER, ERICH E  
Address: 2253 PARK STREET  
City-St-Zip: JACKSONVILLE, FL 32204 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: ERICH SHAFER

P

04/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date