

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100977

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** FORT MEADE CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841

**New Mailing Address:**

FEI Number: 26-1285607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAAG, ROGER  
111 WEST BROADWAY AVENUE  
FORT MEADE, FL 33841 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: D  
Name: HAAG, ROGER  
Address: 111 WEST BROADWAY AVENUE  
City-St-Zip: FORT MEADE, FL 33841

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: ROGER HAAG

PRES

01/25/2012

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

\_\_\_\_\_ Date