

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036701

FILED
Apr 14, 2011
Secretary of State

Entity Name: LAB QUEST & FAMILY CHIROPRACTIC ASSOCIATION, INC.

Current Principal Place of Business:

1003 S KIRKMAN ROAD STE 203
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

1003 S KIRKMAN ROAD STE 203
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 26-4711484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNOW, ROBERT S DR.
1003 S KIRKMAN ROAD STE 203
ORLANDO, FL 32811 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: DP
Name: SNOW, ROBERT S
Address: 1003 S KIRKMAN ROAD STE 203
City-St-Zip: ORLANDO, FL 32811

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: DR. ROBERT SHAWN SNOW DC

DC

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date