

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097469

FILED  
Apr 11, 2012  
Secretary of State

Entity Name: COFFMAN CHIROPRACTIC INC.

**Current Principal Place of Business:**

2129 WASHINGTON AVE.  
207  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

7110 SW 40TH ST.  
MIAMI, FL 33155 US

**Current Mailing Address:**

2129 WASHINGTON AVE.  
207  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 27-1522816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COFFMAN, JOSEPH J  
2129 WASHINGTON AVE.  
207  
MIAMI BEACH, FL 33139 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, S  
Name: COFFMAN, JOSEPH J  
Address: 2129 WASHINGTON AVE., #207  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D  
Name: JOSEPH, COFFMAN J  
Address: 2129 WASHINGTON AVE., #207  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: V, T  
Name: BARTELL-COFFMAN, LISA M  
Address: 2129 WASHINGTON AVE., 207  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D  
Name: BARTELL-COFFMAN, LISA M  
Address: 2129 WASHINGTON AVE., 207  
City-St-Zip: MIAMI BEACH, FL 33139 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 J COFFMAN

P

04/11/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date