

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007607

FILED
Apr 19, 2011
Secretary of State

Entity Name: SEACOAST CLINIC OF CHIROPRACTIC INC.

Current Principal Place of Business:

2156 SE HERRON AVENUE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

2156 SE HERRON AVENUE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

FEI Number: 27-2470359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOPOULOS, LEONIDAS J
2156 SE HERRON AVENUE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

DEMOPOULOS, LEONIDAS J
149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

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

04/19/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEMOPOULOS, LEONIDAS J
Address: 2156 SE HERRON AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP
Name: VISLOCKY, VICTORIA J
Address: 2156 SE HERRON AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: LEONIDAS J DEMOPOULOS

Electronic Signature of Signing Officer or Director

PRES

04/19/2011

Date