

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082511

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** CHIRO - MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

1010 S OCEAN BLVD  
SUITE 514  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1010 S OCEAN BLVD  
SUITE 514  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 65-0465296      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GREGG, KATHLEEN  
1010 S OCEAN BLVD  
514  
POMPANO BEACH, FL 33062 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:** PDS  
**Name:** GREGG, KATHLEEN  
**Address:** 1010 S OCEAN BLVD SUITE 514  
**City-St-Zip:** POMPANO BEACH, FL 33062 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: KATHLEEN GREGG

PDS

03/14/2011

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

\_\_\_\_\_ Date