

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094899

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** ROSSI CHIROPRACTIC CENTERS, INC.

**Current Principal Place of Business:**

7442 ROYAL PALM BLVD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7442 ROYAL PALM BLVD  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0875343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSSI, ARMAND M  
7442 ROYAL PALM BLVD  
MARGATE, FL 33063 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  
Name: ROSSI, ARMAND M  
Address: 1299 SW 4TH ST  
City-St-Zip: BOCA RATON, FL 33486

Title: STD  
Name: ROSSI, ARMAND  
Address: 1299 SW 4TH ST  
City-St-Zip: BOCA RATON, FL 33486

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: ARMAND M. ROSSI

P

03/21/2011

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

\_\_\_\_\_ Date