

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000100382

**FILED  
Apr 20, 2012  
Secretary of State**

**Entity Name:** BERTHIAUME CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

1197 ROCKLEDGE BLVD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1197 ROCKLEDGE BLVD  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 59-3548612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERTHIAUME, RICHARD G DR.  
2164 ROYAL OAKS DRIVE  
ROCKLEDGE, FL 32955 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: PTD  
Name: BERTHIAUME, RICHARD G DR.  
Address: 2164 ROYAL OAKS DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S  
Name: BERTHIAUME, ANGELA M  
Address: 2164 ROYAL OAKS DR.  
City-St-Zip: ROCKLEDGE, FL 32955

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. RICHARD G. BERTHIAUME

PRES

04/20/2012

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

\_\_\_\_\_  
Date