

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86960

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1240 SOUTH A1A  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

1240 SOUTH A 1A  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 59-3121419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEMNOUNI, SIDI M.  
1240 SOUTH A1A  
FLAGLER BEACH, FL 321362400 US

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

LEMNOUNI, ADAM  
1240 SOUTH A1A  
FLAGLER BEACH, FL 321362400 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: ADAM LEMNOUNI

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEMNOUNI, ADAM (DR.)  
Address: 1240 SOUTH A1A  
City-St-Zip: FLAGLER BEACH, FL

Title: S  
Name: LEMNOUNI, DONNA  
Address: 1240 SOUTH A1A  
City-St-Zip: FLAGLER BEACH, FL

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: ADAM LEMNOUNI

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date