

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000081065

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** PINES WEST CHIROPRACTIC, INC.

**Current Principal Place of Business:**

18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 65-0705019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKLEY, JOSEPH  
18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029 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:** D  
**Name:** BUCKLEY, JOSEPH  
**Address:** 6501 S.W. 180TH TERRACE  
**City-St-Zip:** S.W. RANCHES, FL 33331

**Title:** D  
**Name:** MARTINEZ, DAMIAN  
**Address:** 1710 BAY DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33141

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:** JOSEPH BUCKLEY DC

PRES

03/31/2011

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

\_\_\_\_\_  
Date