

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H95101

**Entity Name:** BARTOSEK CHIROPRACTIC CENTER, P.A

**Current Principal Place of Business:**

% DR. HELEN BARTOSEK  
5601 N. FEDERAL HWY., S-2  
BOCA RATON, FL 33487

**Current Mailing Address:**

% DR. HELEN BARTOSEK  
5601 N. FEDERAL HWY., S-2  
BOCA RATON, FL 33487

**FEI Number:** 59-2626908

**Certificate of Status Desired:** No

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

BARTOSEK, HELEN, DR.  
5601 N. FEDERAL HWY.  
S-2  
BOCA RATON, FL 33487 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR.  
Name BARTOSEK, HELEN  
Address 5601 N. FEDERAL HWY. #2  
City-State-Zip: BOCA RATON FL 33487

*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 HELEN BARTOSEK

**CHIROPRACTOR OWNER** 04/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date