

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030191

Entity Name: ACCURATE CHIROPRACTIC REHAB INC

Current Principal Place of Business:

1701 SE HILLMOOR DR
A-1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1701 SE HILLMOOR DR
A-1
PORT ST. LUCIE, FL 34952

FEI Number: 26-4629766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERBERG, RONALD J
46 N. RIVER RD.
STUART, FL 34996 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 SILVERBERG, RONALD J
Address 1701 SE HILLMOOR DR. A-1
City-State-Zip: PORT ST. LUCIE FL 34952

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: RONALD J. SILVERBERG

OWNER

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date