

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587535

FILED
Apr 18, 2012
Secretary of State

Entity Name: CHIROPRACTIC ASSOCIATES OF GAINESVILLE, RICHESON AND SUGGS, P.A.

Current Principal Place of Business:

3703 SW 13TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3703 SW 13TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-1856700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHESON, MATTHEW OR MATT CLINE
3703 SW 13TH STREET
GAINESVILLE, FL 32608 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: P
Name: RICHESON, MATTHEW
Address: 3703 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VST
Name: CLINE, MATTHEW
Address: 3703 SW 13TH ST
City-St-Zip: GAINESVILLE, 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: MATTHEW RICHESON

PRES

04/18/2012

Electronic Signature of Signing Officer or Director

Date