

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605134

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** HEISE CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

3592 ALOMA AVENUE  
SUITE 3  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

3592 ALOMA AVENUE  
SUITE 3  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-1522033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEISE, (DOUGLAS A.)  
3592 ALOMA AVENUE  
SUITE 3  
WINTER PARK, FL 32792 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: PST  
Name: HEISE, DOUGLAS A.  
Address: 3592 ALOMA AVE, SUITE 3  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: BOS, JOHN JEFF  
Address: 1450 TUSKAWILLA ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

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: DOUGLAS A. HEISE, D.C.

PRES

01/03/2012

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

\_\_\_\_\_  
Date