

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 689305

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** THE MALLORY CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

1033 SO. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

1033 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

1033 SO. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

1033 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**FEI Number:** 59-2029688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALLORY, DAVID A  
1033 SO. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114 US

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

MALLORY, DAVID A  
1033 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114 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:

01/20/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MALLORY, DAVID A  
Address: 1033 S RIDGEWOOD AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ST  
Name: MALLORY, CLAUDIA A  
Address: 1033 S RIDGEWOOD AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

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: DAVID A MALLORY

PD

01/20/2011

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

\_\_\_\_\_  
Date