2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# 709086

Entity Name: FLORIDA CHIROPRACTIC SOCIETY, INCORPORATED

Current Principal Place of Business:

106 QUEENS LANE
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

106 QUEENS LANE
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-1508370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTOYA, LILIANA
106 QUEENS LANE
ROYAL PALM BEACH, FL 33411 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: PD
Name: HENARD, KAREN DC
Address: 2023 KILDARE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: VP
Name: ABECKJERR, DANIEL DC
Address: 177 NE 167TH STREET
City-St-Zip: N. MIAMI, FL 33162

Title: ED
Name: MONTOYA, LILIANA
Address: 106 QUEENS LANE
City-St-Zip: ROYAL PALM BEACH, FL 33911

Title: C
Name: WEINGARTEN, MINDY DC
Address: 4606 CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SEC
Name: FROSH LICATA, BETH DC
Address: 112 S. FEDERAL HWY STE 2
City-St-Zip: BOYNTON BEACH, FL 33435

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILIANA MONTOYA ED 04/22/2011

Electronic Signature of Signing Officer or Director Date