

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001086

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** PROSCIA CHIROPRACTIC ASSOCIATES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

701 BEVILLE RD.  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

701 BEVILLE RD.  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number:** 06-1642182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEVILLE MANAGEMENT INC.  
STACY HUDOCK PROSCIA  
701 BEVILLE ROAD  
SOUTH DAYTONA, FL 32119 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HUDOCK PROSCIA, STACY

Address: 701 BEVILLE RD.

City-St-Zip: S. DAYTONA, FL 32119

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Document #: P02000083598

Name: BEVILLE CHIROPRACTIC CONSULTANTS, INC.

Address: 701 BEVILLE RD.

City-St-Zip: S. DAYTONA, FL 32119

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: STACY HUDOCK PROSCIA

DR.

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date