

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003578

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** JOHN S. CHOMER, D.C., M.D., P.C.

**Current Principal Place of Business:**

700 BEAL PARKWAY NW, UNIT M  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

700 BEAL PARKWAY NW, UNIT M  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 27-0009586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOMER, JOHN S D.C.M.D  
475 MARKER COVE  
MARY ESTHER, FL 32569 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: PC  
Name: CHOMER, JOHN S D.C.M.D  
Address: 475 MARKER COVE  
City-St-Zip: MARY ESTHER, FL 32569

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: JOHN S. CHOMER

PRES

04/11/2012

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

\_\_\_\_\_  
Date