

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005048

FILED  
Feb 12, 2011  
Secretary of State

**Entity Name:** OVERLEA-FULLERTON CHIROPRACTIC CENTER, P.C.

**Current Principal Place of Business:**

C/O DR. BRIAN AUGUSTINE  
5317 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. BRIAN AUGUSTINE  
5317 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

FEI Number: 52-1907464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEARD, ROBERT G JR JD  
16644 VALLELY DRIVE  
TAMPA, FL 336181152 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: PSTD  
Name: AUGUSTINE, BRIAN J D.C.  
Address: 5317 VILLAGE MARKET DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D  
Name: BEARD, ROBERT G JR  
Address: 16644 VALLELY DRIVE  
City-St-Zip: TAMPA, FL 33618 US

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: ROBERT G BEARD JR JD LLM CPA

D

02/12/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date