

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44960

FILED
Apr 06, 2011
Secretary of State

Entity Name: EXUM CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

3541 EDGEWATER DR
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

3541 EDGEWATER DR
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2120066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITZ, ROBERT J OWNER
1116 OAK POINT CIRCLE
APOPKA, FL 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: P
Name: FRITZ, ROBERT J., JR.
Address: 1116 OAK POINT CIRCLE
City-St-Zip: APOPKA, FL 32712 US

Title: SD
Name: MOROFF, DANIEL B., D.C.
Address: 1904 COLD CLUB POINT
City-St-Zip: MAITLAND, FL 32751 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: ROBERTFRITZ

OWNE

04/06/2011

Electronic Signature of Signing Officer or Director

Date