

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52540

FILED
Feb 25, 2011
Secretary of State

Entity Name: FONTAINE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

2121 SIESTA DRIVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2121 SIESTA DRIVE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-2155659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINNETT, ANNE G.
2055 WOOD STREET SUITE 104
SARASOTA, FL 34236 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: PDT
Name: FONTAINE, NAOMI
Address: 2121 SIESTA DR
City-St-Zip: SARASOTA, FL 34239

Title: V
Name: DUFFY, STEPHEN
Address: 7324 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

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: DR. NAOMI FONTAINE

PRES

02/25/2011

Electronic Signature of Signing Officer or Director

Date