

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F52540

**FILED**  
**Mar 16, 2012**  
**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

03/16/2012

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

\_\_\_\_\_  
Date