

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98485

FILED
Jan 04, 2012
Secretary of State

Entity Name: AUTO CLINIC OF FT. PIERCE, INC.

Current Principal Place of Business:

3349 SOUTH U.S. #1
FORT PIERCE, FL 349826605

New Principal Place of Business:

Current Mailing Address:

3349 SOUTH U.S. #1
FORT PIERCE, FL 349826605

New Mailing Address:

FEI Number: 59-2306129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS.DEBRA
89 PINEWOOD LANE
FORT PIERCE, FL 34947 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: PD
Name: THOMAS, DEBRA
Address: 89 PINEWOOD LANE
City-St-Zip: FORT PIERCE, FL 34947

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: DEBRA S THOMAS

PO

01/04/2012

Electronic Signature of Signing Officer or Director

Date