

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30892

FILED
Jan 05, 2011
Secretary of State

Entity Name: MCKEON CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

2433 STATE RD 60 EAST
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

2433 STATE RD 60 EAST
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-2273066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEON, MARK J.
2433 STATE RD 60 E
LAKE WALES, FL 33898 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: MCKEON, MARK J
Address: 2433 STATE RD 60 E
City-St-Zip: LAKE WALES, FL 33898

Title: VDS
Name: MCKEON, JR, THOMAS D
Address: 2433 STATE RD 60 E
City-St-Zip: LAKE WALES, FL 33898

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: MARK J. MCKEON, D. C.

PRES

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date