

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30892

FILED  
Feb 21, 2012  
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

02/21/2012

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

\_\_\_\_\_ Date