2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63245

Entity Name: FIELD CLINIC OF CHIROPRACTIC, P.A.

FILED Apr 11, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1001 SW 2ND AVENUE SUITE 1000 BOCA RATON, FL 33432				
Current Mailing Address:		New Mailing Address:		
1001 SW 2ND AVENUE SUITE 1000 BOCA RATON, FL 33432				
FEI Number: 59-2328754	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
FIELD, THOMAS J 1001 SW 2ND AVENUE SUITE 1000 BOCA RATON, FL 33432	US			
The above named entity suin the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECT	ORS:			

Title:

Name: FIELD, THOMAS

1001 SW 2ND AVENUE, SUITE 1000 Address:

City-St-Zip: BOCA RATON, FL 33432

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J FIELD **PRES** 04/11/2011