

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G70106

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** WELSH CLINIC OF CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

5121 EHRLICH RD  
109  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

5121 EHRLICH RD  
109  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-2439498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELSH, SUSAN  
5121 EHRLICH RD  
SUITE 109  
TAMPA, FL 33624 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: P  
Name: WELSH, SUSAN  
Address: 5121 EHRLICH RD SUITE 109  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: MARTIN, THOMAS E  
Address: 9401 HANLON DR  
City-St-Zip: ODESSA, FL 33556

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: SUSAN WELSH

PRES

01/25/2012

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

\_\_\_\_\_  
Date