

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27772

FILED
Jan 04, 2011
Secretary of State

Entity Name: THOMAS CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1508 SW MAPP RD.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1508 SW MAPP RD.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 59-2463546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINMAN, THOMAS
1908 SW MOORING DR
PALM CITY, FL 34990 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: PVS
Name: KLEINMAN, THOMAS
Address: 1908 SW MOORING DR
City-St-Zip: PALM CITY, FL 34990

Title: TD
Name: KLEINMAN, THOMAS
Address: 1908 SW MOORING DR
City-St-Zip: PALM CITY, FL 34990

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: THOMAS KLEINMAN DC

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date