

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27772

FILED
Jan 05, 2012
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:

1516 SW MAPP RD.
PALM CITY, FL 34990

Current Mailing Address:

1508 SW MAPP RD.
PALM CITY, FL 34990

New Mailing Address:

1516 SW MAPP RD.
PALM CITY, FL 34990

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

PVS

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date