

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61040

FILED
Mar 06, 2012
Secretary of State

Entity Name: FULLER CHIROPRACTIC OFFICES, P.A.

Current Principal Place of Business:

501 N ORLANDO AVE
SUITE 151
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

501 N ORLANDO AVE
STE 151
WINTER PARK, FL 32789 US

New Mailing Address:

501 N ORLANDO AVE
SUITE 151
WINTER PARK, FL 32789 US

FEI Number: 59-2539781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, JOSEPH E.
501 N ORLANDO AVE
STE 151
WINTER PARK, FL 32789 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: PT
Name: FULLER, JOSEPH E
Address: 501 N ORLANDO AVE STE 151
City-St-Zip: WINTER PARK, FL 32789

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: JOE FULLER

Electronic Signature of Signing Officer or Director

OWNE

03/06/2012

Date