# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2012**
**Secretary of State**

DOCUMENT# H65377

**Entity Name:** VILLAGE CHIROPRACTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

12191 TAFT STREET
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

10051 PINES BLVD, STE. B.
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

12191 TAFT STREET
PEMBROKE PINES, FL 33026

**New Mailing Address:**

10051 PINES BLVD, STE. B.
PEMBROKE PINES, FL 33024

**FEI Number: 59-2544370** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KLANE, CHERYL J.
12191 TAFT STREET
PEMBROKE PINES, FL 33026 US

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

KLANE, CHERYL J.
10051 PINES BLVD, STE.B.
PEMBROKE PINES, FL 33024 US

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: _____ 03/19/2012
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: KLANE, CHERYL J.
Address: 10051 PINES BLVD, STE.B.
City-St-Zip: PEMBROKE PINES, FL 33024

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: CHERYL J. KLANE PRES 03/19/2012
Electronic Signature of Signing Officer or Director — Date