2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# J05899

Entity Name: AQUINO CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

% DR. ANTHONY AQUINO
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

% DR. ANTHONY AQUINO
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 59-2662120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AQUINO, DR. ANTHONY
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068 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: D
Name: AQUINO, ANTHONY
Address: 7281 SIDONIA COURT
City-St-Zip: BOCA RATON, FL 33433

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: ANTHONY AQUINO PRES 02/07/2012

Electronic Signature of Signing Officer or Director — Date