

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49607

FILED
Jan 04, 2012
Secretary of State

Entity Name: FRALICKER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

835 CESERY BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

835 CESERY BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 65-0083741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRALICKER, JANN A DP
835 CESERY BLVD.
JACKSONVILLE, FL 32211 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: DP
Name: FRALICKER, JANN
Address: 835 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: DS
Name: FRALICKER, DEBORAH
Address: 835 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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: JANN FRALICKER

DP

01/04/2012

Electronic Signature of Signing Officer or Director

Date