

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K60343

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** BECK CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

601 E. SAMPLE RD  
SUITE 104  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

601 E. SAMPLE RD  
SUITE 104  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 65-0096191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECK, MARIANNE  
601 E SAMPLE RD  
SUITE 104  
POMPANO BCH, FL 33064 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: P  
Name: BECK, MARIANNE  
Address: 601 E. SAMPLE ROAD/SUITE 104  
City-St-Zip: POMPANO BCH, FL 33064 US

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: MARIANNE BECK

PRES

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date