

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67047

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: DR. S. JOSEPH ANGELINI D.C., P.A.

**Current Principal Place of Business:**

5400 N. FEDERAL HWY  
103  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

5400 N. FEDERAL HWY  
103  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-0097507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANGELINI, S. JOSEPH DR  
5400 N. FEDERAL HWY  
103  
FORT LAUDERDALE, FL 33308 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: ANGELINI, S. JOSEPH DR  
Address: 5400 N. FEDERAL HWY  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DR. S. JOSEPH ANGELINI

PRES

03/15/2011

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

\_\_\_\_\_ Date