

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K83144

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** STUART CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

2225 S KANNER HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2225 S. KANNER HWY  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-0119145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINEHART, DR. DOUGLAS M  
2225 S KANNER HWY  
STUART, FL 34994 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: DPVT  
Name: RINEHART, DOUGLAS M.  
Address: 2225 S. KANNER HIGHWAY  
City-St-Zip: STUART, FL 34994 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: DR DOUGLAS RINEHART

PRES

03/20/2012

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

\_\_\_\_\_  
Date