

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K96290

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** STEVEN E. BYRNE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

8831 49 ST NORTH  
SUITE 5  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

8260 27TH AVE. N.  
ST. PETERSBURG, FL 337102806 US

**New Mailing Address:**

**FEI Number:** 59-2963421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRNE, DEBRA S  
8260 27TH AVE NORTH  
ST. PETERSBURG, FL 33710 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: PD  
Name: BYRNE, STEVEN E. M.S.D.C  
Address: 8260 27TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S  
Name: BYRNE, DEBRA  
Address: 8260 27TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

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 STEVEN BYRNE

PRES

04/15/2011

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

\_\_\_\_\_  
Date