

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05828

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** CHIROPRACTIC CLINICS, INC.

**Current Principal Place of Business:**

516 PATRICIA  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

516 PATRICIA  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 59-2963237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLUCCI LYNN M.  
218 MIDWAY ISLAND  
CLEARWATER, FL 33767 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: PST  
Name: COLUCCI, LYNN M.  
Address: 218 MIDWAY ISLAND  
City-St-Zip: CLEARWATER, FL

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: LYNN M COLUCCI

PST

03/15/2011

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

\_\_\_\_\_  
Date