

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48176

FILED
Apr 28, 2011
Secretary of State

Entity Name: CROTON CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-2985707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAUENHOFER, THOMAS F.
2025 W. EAU GALLIE BLVD
MELBOURNE, FL 32935 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: D
Name: FRAUENHOFER, THOMAS F.
Address: 2025 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, 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: THOMAS FRAUENHOFER

D

04/28/2011

Electronic Signature of Signing Officer or Director

Date