2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# L48176

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 04/24/2012

Electronic Signature of Signing Officer or Director Date