

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81135

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** GENTLE CHIROPRACTIC OFFICES, INC.

**Current Principal Place of Business:**

1696 SE HILLMOOR DR.  
SUITE C  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1696 SE HILLMOOR DR.  
SUITE C  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 65-0052180      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAWSON, JOSEPH R.  
320 DAVIE BLVD  
FT. LAUDERDALE, FL 33315 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: DPS  
Name: GOLDBERG, HARRIS I.  
Address: 1696 SE HILLMOOR DR., SUITE C  
City-St-Zip: PORT ST LUCIE, FL 34952 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: HARRIS GOLDBERG

PRES

04/20/2011

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

\_\_\_\_\_ Date