

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M85790

FILED
Oct 25, 2012
Secretary of State

Entity Name: COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC CENTER, P.A.

Current Principal Place of Business:

1501 ROBERT J CONHAN BLVD NE
SUITE #3
PALM BAY, FL 32905 US

New Principal Place of Business:

1501 ROBERT J CONLAN BLVD NE
SUITE #3
PALM BAY, FL 32905 US

Current Mailing Address:

1501 ROBERT J CONHAN BLVD NE
SUITE #3
PALM BAY, FL 32905 US

New Mailing Address:

1501 ROBERT J CONLAN BLVD NE
SUITE #3
PALM BAY, FL 32905 US

FEI Number: 59-2895599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, STANTON T
1501 ROBERT CONLAN BLVD NE
PALM BAY, FL 32905 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: DR
Name: COOPER, STANTON T.
Address: 1501 ROBERT J CONLAN BLVD NE, # 3
City-St-Zip: PALM BAY, FL 32905

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: STANTON T COOPER

DR

10/25/2012

Electronic Signature of Signing Officer or Director

Date