

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00869

FILED
Aug 19, 2011
Secretary of State

Entity Name: COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.

Current Principal Place of Business:

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY, FL 346913996

New Principal Place of Business:

C/O DR. RANDOLPH C. HARDING
138 CARLYLE DRIVE
PALM HARBOR, FL 34683

Current Mailing Address:

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY, FL 346913996

New Mailing Address:

C/O DR. RANDOLPH C. HARDING
138 CARLYLE DRIVE
PALM HARBOR, FL 34683

FEI Number: 59-2355846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARDING, DR. RANDOLPH C.
2326 US HIGHWAY 19
HOLIDAY, FL 346910996 US

Name and Address of New Registered Agent:

HARDING, DR. RANDOLPH C.
138 CARLYLE DRIVE
PALM HARBOR, FL 34683 US

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:

08/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BYRON, CLARK
Address: 19212 SEA MIST LANE
City-St-Zip: LUTZ, FL 33558

Title: STD
Name: HARDING, DR. RANDOLPH C.
Address: 138 CARLYLE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: DC
Name: HOFMAN, RON
Address: 124 OCALA ROAD
City-St-Zip: TALLAHASE, FL 32304

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R. C. HARDING

SEC

08/19/2011

Electronic Signature of Signing Officer or Director

Date