

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003185

FILED
Feb 10, 2012
Secretary of State

Entity Name: MID - FLORIDA CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business:

7328 W. UNIVERSITY AVE
SUITE C
GAINESVILLE, FL 32607

New Principal Place of Business:

5010 W. NEWBERRY RD.
SUITE D
GAINESVILLE, FL 32607

Current Mailing Address:

7328 W. UNIVERSITY AVE
SUITE C
GAINESVILLE, FL 32607

New Mailing Address:

5010 W. NEWBERRY RD.
SUITE D
GAINESVILLE, FL 32607

FEI Number: 59-2119199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, DAVID R DR.
7328 W. UNIVERSITY AVE.
SUITE C
GAINESVILLE, FL 32607 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: P
Name: CHANCE, DEAN
Address: 1240 NW 11TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: SEC
Name: MYHREE, LANE
Address: 7328 W. UNIVERSITY AVE, SUITE C
City-St-Zip: GAINESVILLE, FL 32607

Title: TREA
Name: WEST, DAVID R
Address: 7328 W. UNIVERSITY AVE, SUITE C
City-St-Zip: GAINESVILLE, FL 32607

Title: DIR
Name: CHANCE, MICHAEL
Address: 1240 NW 11TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

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: DAVID WEST

TREA

02/10/2012

Electronic Signature of Signing Officer or Director

Date