

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000002370

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** MAURICIO CHIROPRACTIC EAST, INC.

**Current Principal Place of Business:**

535 S. CHICKASAW TRAIL  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

535 S. CHICKASAW TRAIL  
ORLANDO, FL 32825

**New Mailing Address:**

P.O.BOX 162672  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 59-3616840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURICIO, JOSE J  
535 S. CHICKASAW TRAIL  
ORLANDO, FL 32825 US

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

JATIVA, DIEGO F  
535 S. CHICKASAW TRAIL  
ORLANDO, FL 32825 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: DIEGO F. JATIVA

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JATIVA, DIEGO F  
Address: 535 S. CHICKASAW TRAIL  
City-St-Zip: ORLANDO, FL 32825

Title: O  
Name: JATIVA, MARIA R  
Address: 535 S. CHICKASAW TRAIL  
City-St-Zip: ORLANDO, FL 32825

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: DIEGO F. JATIVA

D

02/07/2011

Electronic Signature of Signing Officer or Director

Date