2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MARK PIERCE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

12620-6 BEACH BLVD.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

12620-6 BEACH BLVD.
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3630064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTHUR, TRACY K
1901 ISLAND WALKWAY
FERNANDINA BEACH, FL 32034 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: PIERCE, MARK
Address: 12620-6 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DST
Name: PIERCE, ELAINE
Address: 12620-6 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

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: ELAINE C PIERCE DST 01/09/2011

Electronic Signature of Signing Officer or Director Date