

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000070966

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

**Entity Name:** AVENTURA CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

2630 N.E. 203 STREET  
SUITE 102  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2630 N.E. 203 STREET  
SUITE 102  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

**FEI Number:** 65-1026302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZASLOW, DAVID  
2630 N.E. 203 STREET  
SUITE 102  
NORTH MIAMI BEACH, FL 33180 US

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

ZASLOW, DAVID DR.  
2630 N.E. 203 STREET  
SUITE 102  
NORTH MIAMI BEACH, FL 33180 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: DAVID ZASLOW

Electronic Signature of Registered Agent

01/07/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ZASLOW, DAVID  
Address: 2630 N.E. 203 STREET SUITE 102  
City-St-Zip: AVENTURA, FL 33180

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: DAVID ZASLOW

Electronic Signature of Signing Officer or Director

PRES

01/07/2011

Date