

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085015

FILED
Apr 25, 2012
Secretary of State

Entity Name: PALM HARBOR CHIROPRACTIC AND REHABILITATION CLINIC, INC.

Current Principal Place of Business:

34258 U.S. HWY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34258 U.S. HWY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 65-1036169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERR, HARVARD C
1337 TRIMARAN PL
TRINITY, FL 34655 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: D
Name: KERR, BARTLEY H
Address: 10542 SABELLA DRIVE
City-St-Zip: TRINITY, FL 34655

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: DR. BARTLEY H. KERR

_____ Electronic Signature of Signing Officer or Director

D.C.

04/25/2012

_____ Date