

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 10, 2012
Secretary of State

Entity Name: BLUE ANGEL FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

5700 N BLUE ANGEL PKWY
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5700 N BLUE ANGEL PKWY
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3671982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNISON-FONTZ, RHONDA
5700 N BLUE ANGEL PKWY
PENSACOLA, FL 32526 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: PD
Name: FONTZ, DAVID A
Address: 5560 SAUFLEY FIELD RD
City-St-Zip: PENSACOLA, FL 32526

Title: VD
Name: DENNISON-FONTZ, RHONDA
Address: 5560 SAUFLEY FIELD RD
City-St-Zip: PENSACOLA, FL 32526

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: RHONDA DENNISON-FONTZ

VD

04/10/2012

Electronic Signature of Signing Officer or Director

Date