

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000100632

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLEMING ISLAND FAMILY CHIROPRACTIC, INC.

**Current Principal Place of Business:**

1835-3 EAST WEST PARKWAY  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

1835-3 EAST WEST PARKWAY  
#3  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1835-3 EAST WEST PARKWAY  
ORANGE PARK, FL 32003

**New Mailing Address:**

1835-3 EAST WEST PARKWAY  
FLEMING ISLAND, FL 32003

**FEI Number:** 59-3689130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKE, KRISTEN D.C.  
1835-3 EAST WEST PARKWAY  
ORANGE PARK, FL 32003 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: BURKE, KRISTEN  
Address: 1812 COUNTY RD. 209B  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: KRISTEN BURKE DC

DC

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date