

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100632

FILED
Apr 04, 2012
Secretary of State

Entity Name: FLEMING ISLAND FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1835-3 EAST WEST PARKWAY
FLEMING ISLAND, FL 32003

New Mailing Address:

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

DR.

04/04/2012

Electronic Signature of Signing Officer or Director

Date