2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# P00000104646

Entity Name: D. & S. CHIRO REHAB CENTER, INC.

Current Principal Place of Business:

8181 NW 36 ST
5-D
DORAL, FL 33166

New Principal Place of Business:

3901 NW 79 AVE STE 122
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 ST
5-D
DORAL, FL 33166

New Mailing Address:

3901 NW 79 AVE STE 122
DORAL, FL 33166

FEI Number: 65-1054780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEAGUDO, DELFI
8181 NW 36 ST
5-D
DORAL, FL 33166 US

Name and Address of New Registered Agent:

MONTEAGUDO, DELFI
3901 NW 79 AVE STE 122
DORAL, FL 33166 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: DELFI MONTEAGUDO 04/05/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: MONTEAGUDO, DELFI
Address: 3901 NW 79 AVE STE 122
City-St-Zip: DORAL, FL 33166

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: DELFI MONTEAGUDO P 04/05/2011
Electronic Signature of Signing Officer or Director Date