

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008119

FILED
Jan 05, 2012
Secretary of State

Entity Name: NORTH FLORIDA CHIROPRACTIC INJURY CENTER, P.A.

Current Principal Place of Business:

1101 BLANDING BLVD
122
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

10602 PARLIAMENT PL.
JACKSONVILLE, FL 32257

New Mailing Address:

2330 SANDRIDGE RD
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3694880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETE ORLANDO, CPA, PA
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 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: PTV
Name: ORLANDO, JASON
Address: 2230 SANDRIDGE RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: JASON ORLANDO

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date