

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043527

FILED
Feb 17, 2011
Secretary of State

Entity Name: TWIN PALMS CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

808 VENICE AVE. EAST
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

808 VENICE AVE. EAST
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-1110540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSCH, DAN DR
808 VENICE AVE. EAST
VENICE, FL 34285 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: P
Name: BUSCH, DAN DR
Address: 808 VENICE AVE. EAST
City-St-Zip: VENICE, FL 34285

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: DANNY C BUSCH

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date