# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2012**
**Secretary of State**

DOCUMENT# P01000044842

**Entity Name:** MICHAUX FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

4347 S US HWY 27 #A-9
CLERMONT, FL 34711

**New Principal Place of Business:**

4347 S US HWY 27 #A-9
CLERMONT, FL 34711 UN

**Current Mailing Address:**

4347 S US HWY 27 #A-9
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number: 59-3718253** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 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: MICHAUX, KURTIS D
Address: 4347 S US HWY 27, #A9
City-St-Zip: CLERMONT, FL 34711

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: KURTIS DAMON MICHAUX DR. 04/24/2012

Electronic Signature of Signing Officer or Director Date