

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073355

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** GOLDEN GATE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

4981 GOLDEN GATE PKWY.  
NAPLES, FL 34116

**New Principal Place of Business:**

12975 COLLIER BLVD SUITE 107  
NAPLES, FL 34116

**Current Mailing Address:**

4981 GOLDEN GATE PKWY.  
NAPLES, FL 34116

**New Mailing Address:**

12975 COLLIER BLVD SUITE 107  
NAPLES, FL 34116

**FEI Number:** 59-3735127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANCELOSA, VINCE  
4981 GOLDEN GATE PKWY.  
NAPLES, FL 34116 US

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

CANCELOSA, VINCE  
12975 COLLIER BLVD SUITE 107  
NAPLES, FL 34116 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:

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CANCELOSA, VINCE  
Address: 12975 COLLIER BLVD SUITE 107  
City-St-Zip: NAPLES, FL 34116

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: VINCE G. CANCELOSA

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date