2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ROYAL PALM CHIROPRACTIC & REHAB CENTER, P.A.

Current Principal Place of Business:

1188 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1188 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1129952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ.
3801 PGA BLVD., SUITE 802
PALM BEACH GARDENS, FL 33410 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: PRES
Name: DAVIS, MICHAEL E D.C.
Address: 1836 WALDORF DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP
Name: CORINELLA, GIUSEPPE D.C.
Address: 14901 87TH ST N.
City-St-Zip: LOXAHATCHEE, FL 33470

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: MICHAEL DAVIS PRES 01/07/2011

Electronic Signature of Signing Officer or Director Date