

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006996

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PAGANO CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 03-0398414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAGANO, GINO, LUIGI  
7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109 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: PSVT  
Name: PAGANO, GINO LUIGI  
Address: 7935 AIRPORT-PULLING RD STE#2  
City-St-Zip: NAPLES, FL 34109

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: LUIGI GINO PAGANO

DR.

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date