2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P02000022922

Entity Name: STEPHENS CHIROPRACTIC CENTER, D.C., P.A.

Current Principal Place of Business:

3101 SW 34TH AVE
SUITE 202
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3101 SW 34TH AVE
SUITE 202
OCALA, FL 34474

New Mailing Address:

FEI Number: 04-3625462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, GARY E DR.
5327 SW 89TH ST
OCALA, FL 34476 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: STEPHENS, GARY E D.C.
Address: 5327 SW 89TH ST
City-St-Zip: OCALA, FL 34476

Title: V
Name: STEPHENS, ANGELA M
Address: 5327 SW 89TH STREET
City-St-Zip: OCALA, FL 34476

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: GARY E STEPHENS P 04/27/2012

Electronic Signature of Signing Officer or Director Date