

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030878

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

**Entity Name:** MANOVILL CHIROPRACTIC, INC.

**Current Principal Place of Business:**

2467 ENTERPRISE ROAD  
SUITE D  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2467 ENTERPRISE ROAD  
SUITE D  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 27-0004655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANOVILL, MICHAEL THOMAS  
1389 SANDALWOOD DRIVE  
DUNEDIN, FL 34698 US

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

MANOVILL, MICHAEL THOMAS  
4638 SANDPOINTE DRIVE  
NEW PORT RICHEY, FL 34655 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:** MICHAEL THOMAS MANOVILL

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** MANOVILL, THOMAS M  
**Address:** 1420 OVERCASH DR.  
**City-St-Zip:** DUNEDIN, FL 34698

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:** THOMAS MICHAEL MANOVILL

DR.

01/24/2012

Electronic Signature of Signing Officer or Director

Date