

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035399

FILED
Mar 30, 2011
Secretary of State

Entity Name: OLMSTED CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

327 LAKE MARIAM BLVD S.E.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

327 LAKE MARIAM BLVD S.E.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 61-1408757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMSTED, MELISSA G PD
327 LAKE MARIAM BLVD. S.E.
WINTER HAVEN, FL 33884 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: PD
Name: OLMSTED, MELISSA G
Address: 327 LAKE MARIAM BLVD S.E.
City-St-Zip: WINTER HAVEN, FL 33884

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: MELISSA G. OLMSTED

PD

03/30/2011

Electronic Signature of Signing Officer or Director

Date