2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P02000044956

Entity Name: SILVA FAMILY CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

451 SW BETHANY DRIVE
SUITE 101
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

451 SW BETHANY DRIVE
SUITE 101
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 04-3659913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, JOHN L CEO
1644 SW HERDER RD
PORT ST LUCIE, FL 34953 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: DR
Name: SILVA, JOHN L CEO
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP
Name: SILVA, KAREN E VP
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953

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: JOHN SILVA CEO 04/21/2011

Electronic Signature of Signing Officer or Director Date