2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P02000102546

Entity Name: SUNRISE CHIROPRACTIC AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

1038 NW 10TH AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1038 NW 10TH AVENUE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 47-0890428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

U'SHAREME, VICTOR
6005 NORTH SABLE CIRCLE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

U'SHAREME, VICTOR
6440 NW 20TH CT
SUNRISE, FL 33313 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: USHAREME VICTOR 02/13/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: VICTOR, U'SHAREME
Address: 1038 NW 10TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: CD
Name: VICTOR, RENOLD
Address: 1038 NW 10TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

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: USHAREME VICTOR CD 02/13/2012
Electronic Signature of Signing Officer or Director Date