

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033360

FILED
Mar 01, 2012
Secretary of State

Entity Name: FULMORE & ASSOCIATES CHIROPRACTIC AND SPINAL INJURY CENTERS, P.A.

Current Principal Place of Business:

781 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

781 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 56-2337210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULMORE & ASSOCIATES
781 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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: PRES
Name: FULMORE, RONALD L
Address: 781 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP
Name: FULMOREII, RONALD L
Address: 781 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: RONALD L FULMORE

PRES

03/01/2012

Electronic Signature of Signing Officer or Director

Date