

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038908

FILED
Mar 26, 2012
Secretary of State

Entity Name: FOUR CORNERS CHIROPRACTIC CENTERS, P.A.

Current Principal Place of Business:

1050 US HIGHWAY 27 SOUTH SUITE 7
SUITE 7
CLERMONT, FL 34714

New Principal Place of Business:

109 LAKE DAVENPORT BLVD
DAVENPORT, FL 33897

Current Mailing Address:

1050 US HIGHWAY 27 SOUTH SUITE 7
SUITE 7
CLERMONT, FL 34714

New Mailing Address:

109 LAKE DAVENPORT BLVD
DAVENPORT, FL 33897

FEI Number: 51-0484873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNHART, SCOTT D
401 BALMORAL DRIVE
DAVENPORT, FL 33896 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: BARNHART, SCOTT D
Address: 401 BALMORAL DRIVE
City-St-Zip: DAVENPORT, FL 33896

Title: STD
Name: FORBER-BARNHART, MELANIE
Address: 401 BALMORAL DRIVE
City-St-Zip: DAVENPORT, FL 33896

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: SCOTT BARNHART

PD

03/26/2012

Electronic Signature of Signing Officer or Director

Date