

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059014

FILED
Mar 21, 2012
Secretary of State

Entity Name: CHARLESTON CHIROPRACTIC MEDICINE AND REHABILITATION, P.A.

Current Principal Place of Business:

1055 S. CONGRESS AVE
1
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1055 S. CONGRESS AVE
1
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 06-1697616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLESTON, DANIEL DC
1055 S. CONGRESS AVE
1
DELRAY BEACH, FL 33445 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: CEO
Name: CHARLESTON, DANIEL
Address: 1055 S. CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445

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: DANIEL CHARLESTON

CEO

03/21/2012

Electronic Signature of Signing Officer or Director

Date