

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078465

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LAMPE FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

601 DEL PRADO BLVD. NORTH  
SUITE 5  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

428 DEL PRADO BLVD. NORTH  
SUITE 108  
CAPE CORAL, FL 33909

**Current Mailing Address:**

601 DEL PRADO BLVD. NORTH  
SUITE 5  
CAPE CORAL, FL 33909

**New Mailing Address:**

428 DEL PRADO BLVD. NORTH  
SUITE 108  
CAPE CORAL, FL 33909

**FEI Number:** 20-0100010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMPE, MICHAEL A  
601 DEL PRADO BLVD. NORTH  
SUITE 5  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

LAMPE, MICHAEL A  
428 DEL PRADO BLVD. NORTH  
SUITE 108  
CAPE CORAL, FL 33909 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: MICHAEL LAMPE

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAMPE, MICHAEL A  
Address: 3347 SE 18TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

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: MICHAEL LAMPE

PD

01/05/2011

Electronic Signature of Signing Officer or Director

Date