

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078707

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

**Entity Name:** WEST SIDE CHIROPRACTOR, INC.

**Current Principal Place of Business:**

2180 CENTRAL FLORIDA PKWY., STE A5  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

2180 CENTRAL FLORIDA PKWY., STE A5  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 32-0086348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTHONY, CORETTA L  
2745 MYAKKA DR  
ORLANDO, FL 32839 US

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

VITAL, WILL L  
2745 MYAKKA DR  
ORLANDO, FL 32839 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: WLV

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VITAL, WILL L  
Address: 2180 CENTRAL FLORIDA PKWY., STE A5  
City-St-Zip: ORLANDO, FL 32837

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: WLV

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date