

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079696

FILED
Jan 06, 2011
Secretary of State

Entity Name: A KAUFMAN CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1520 10TH AVE., N.#E
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1520 10TH AVE., N.#E
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 03-0524474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, NEIL
1225 W 45TH ST, STE 307
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

KAUFMAN, NEIL
1520 10TH AVE NORTH, # E
LAKE WORTH, FL 33460 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: NEIL KAUFMAN

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: KAUFMAN, NEIL
Address: 1520 10TH AVE., N.#E
City-St-Zip: LAKE WORTH, FL 33460

Title: PD
Name: KAUFMAN, JACQUELINE
Address: 1520 10TH AVE., N.#E
City-St-Zip: LAKE WORTH, FL 33460

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: NEIL KAUFMAN

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date