

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079696

**FILED**  
**Jan 19, 2012**  
**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:**

12543 KEY LIME BLVD  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

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

**New Mailing Address:**

12543 KEY LIME BLVD  
WEST PALM BEACH, FL 33412

**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  
1520 10TH AVE NORTH, # E  
LAKE WORTH, FL 33460 US

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

KAUFMAN, NEIL  
12543 KEY LIME BLVD  
WEST PALM BEACH, FLORIDA, FL 33412 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

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KAUFMAN, NEIL  
Address: 12543 KEY LIME BLVD  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: PD  
Name: KAUFMAN, JACQUELINE  
Address: 12543 KEY LIME BLVD  
City-St-Zip: WEST PALM BEACH, FL 33412

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

01/19/2012

Electronic Signature of Signing Officer or Director

Date