

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088676

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** USA CHIROPRACTOR & REHAB, INC.

**Current Principal Place of Business:**

1120 SUNSET STRIP  
SUNRISE, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

1120 SUNSET STRIP  
SUNRISE, FL 33313 US

**New Mailing Address:**

**FEI Number:** 20-0148841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESPINOSSE, BERNARD  
701 AZALEA COURT  
PLANTATION, FL 33317 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:** D  
**Name:** ALEXANDRE, SERGE L M.D.  
**Address:** 1483 S. CONGRESS AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** VPD  
**Name:** DESPINOSSE, ELIZABETH EXEC.  
**Address:** 1120 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33313 US

**Title:** D  
**Name:** DESPINOSSE, BERNARD CH.  
**Address:** 1120 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33313 US

**Title:** PD  
**Name:** GILWIT, NEIL D.C.  
**Address:** 1120 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33313 US

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:** SERGE L. ALEXANDRE

MD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date