

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108283

FILED
Apr 11, 2012
Secretary of State

Entity Name: COMPLETE CARE CHIROPRACTIC, P.A.

Current Principal Place of Business:

11155 NW 71 CT
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

11155 NW 71 CT
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 20-0274691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, ROBERT A DR
11155 NW 71 CT
PARKLAND, FL 33076 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: P
Name: LEON, ROBERT A DR
Address: 11155 NW 71 CT
City-St-Zip: PARKLAND, FL 33076 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: ROBERT LEON

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date