

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156264

FILED
Feb 16, 2011
Secretary of State

Entity Name: SCOTT FECHTER CHIROPRACTIC P.A.

Current Principal Place of Business:

208 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

165 SOUTHPARK BLVD
SUITE C&D
ST. AUGUSTINE, FL 32086

Current Mailing Address:

208 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Mailing Address:

165 SOUTHPARK BLVD
SUITE C&D
ST. AUGUSTINE, FL 32086

FEI Number: 20-0506115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FECHTER, SCOTT T
208 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

FECHTER, SCOTT T
165 SOUTHPARK BLVD
SUITE C&D
ST. AUGUSTINE, FL 32086 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:

02/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FECHTER, SCOTT T
Address: 165 SOUTHPARK BLVD SUITE C&D
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP
Name: SCOTT, MICHAELS R
Address: 165 SOUTHPARK BLVD SUITE C&D
City-St-Zip: ST AUGUSTINE, FL 32086

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: SCOTT FECHTER

P

02/16/2011

Electronic Signature of Signing Officer or Director

Date