

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027448

FILED
Jan 06, 2012
Secretary of State

Entity Name: AWARE HEALTH CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

502 NW 16TH AVE
SUITE #4
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

502 NW 16TH AVE
SUITE #4
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 32-0107404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEPPERBERG, CATHERINE C
502 NW 16TH AVE STE 4
GAINESVILLE, FL 32601 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: PS
Name: TEPPERBERG, CATHERINE C
Address: 502 NW 16TH AVE STE 4
City-St-Zip: GAINESVILLE, FL 32601

Title: VPT
Name: TEPPERBERG, PHILLIP S
Address: 502 NW 16TH AVE STE 4
City-St-Zip: GAINESVILLE, FL 32601

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: CATHY TEPPERBERG

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date