2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: ADVANCED CHIROPRACTIC AND REHABILITATION, INC.

Current Principal Place of Business:

13813 W. HILLSBOROUGH AVE.
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

710 W. FLETCHER AVE., STE B
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 41-2126532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CHRIS R DR.
14718 TUDOR CHASE DRIVE
TAMPA, FL 33626 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: WILLIAMS, CHRIS R DR.
Address: 13813 W. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33635 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: CHRISTOPHER R. WILLIAMS DR. 01/06/2011

Electronic Signature of Signing Officer or Director Date