

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055123

FILED
Apr 20, 2011
Secretary of State

Entity Name: KELLERMAN FAMILY CHIROPRACTIC INC

Current Principal Place of Business:

6801 LAKEWORTH RD
108
LAKE WORTH, FL 33467

New Principal Place of Business:

6801 LAKEWORTH RD
113
LAKE WORTH, FL 33467

Current Mailing Address:

7554 VIA LURIA
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0935732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERK, SHARI
9569 POSITANO WAY
LAKE WORTH, FL 33467 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: KELLERMAN, DOUGLAS
Address: 7554 VIA LURIA
City-St-Zip: LAKE WORTH, FL 33467

Title: P
Name: KELLERMAN, DOUGLAS
Address: 7554 VIA LURIA
City-St-Zip: LAKE WORTH, FL 33467

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: DOUGLAS KELLERMAN

PRES

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date