2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# P04000100939

Entity Name: MASTERSON CHIROPRACTIC, P.A.

Current Principal Place of Business:

190 SOUTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

4090 TREE TOPS ROAD
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 20-1330386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPAHN, RICHARD A
12700 SW 112TH ST RD
DUNNELLON ES, FL 34432 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: PSD
Name: MASTERSON, JOSEPH C
Address: 4090 TREE TOPS ROAD
City-St-Zip: COOPER CITY, FL 33026

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: JOSEPH MASTERSON PSD 03/25/2011

Electronic Signature of Signing Officer or Director Date