

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106567

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE CHIROPRACTIC GROUP, INC.

**Current Principal Place of Business:**

2356 WEST OAKRIDGE ROAD  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

2356 WEST OAKRIDGE ROAD  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:** 20-1383970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DHAITI, ADNER  
2356 WEST OAKRIDGE ROAD  
ORLANDO, FL 32809 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: DHAITI, ADNER  
Address: 2356 WEST OAKRIDGE ROAD  
City-St-Zip: ORLANDO, FL 32809 US

Title: T  
Name: DHAITI, ADNER  
Address: 2356 WEST OAKRIDGE ROAD  
City-St-Zip: ORLANDO, FL 32809 US

Title: S  
Name: DHAITI, ADNER  
Address: 2356 WEST OAKRIDGE ROAD  
City-St-Zip: ORLANDO, FL 32809 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: ADNER DHAITI

MR

02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date