

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165356

Entity Name: YODER CHIROPRACTIC INC

FILED  
Mar 16, 2011  
Secretary of State

**Current Principal Place of Business:**

11799 SE US HWY 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

845 TEAGUE TRAIL  
SUITE 3  
LADY LAKE, FL 32159

**Current Mailing Address:**

11799 SE US HWY 441  
BELLEVIEW, FL 34420

**New Mailing Address:**

845 TEAGUE TRAIL  
SUITE 3  
LADY LAKE, FL 32159

FEI Number: 20-1979538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YODER, PATRICIA L  
11791 SE US HWY 441  
BELLEVIEW, FL 34420 US

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

YODER, PATRICIA L  
845 TEAGUE TRAIL  
SUITE 3  
LADY LAKE, FL 32159 US

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

03/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: YODER, PATRICIA L  
Address: 845 TEAGUE TRAIL  
City-St-Zip: LADY LAKE, FL 32159

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: PATRICIA L YODER, D.C.

PRES

03/16/2011

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

\_\_\_\_\_  
Date