

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170746

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** OCEAN CHIROPRACTIC AND HEALTH CENTER, INC.

**Current Principal Place of Business:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982

**New Principal Place of Business:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982 UN

**Current Mailing Address:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982

**New Mailing Address:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982 UN

**FEI Number:** 02-0735207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEINER, J. BRADLEY  
805 VIRGINIA AVE  
STE 10  
FT PIERCE, FL 34982 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: DEINER, JOHN B  
Address: 805 VIRGINIA AVNUE #10  
City-St-Zip: FT PIERCE, FL 34982 UN

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: JOHN BRADLEY DEINER, DC

PRES

04/27/2011

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

\_\_\_\_\_ Date