

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000019062

Entity Name: ADRIENE D. HILL DC, PA

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2001 CRAWFORDVILLE HWY  
SUITE C  
CRAWFORDVILLE, FL 32327

## **New Principal Place of Business:**

## **Current Mailing Address:**

2001 CRAWFORDVILLE HWY  
SUITE C  
CRAWFORDVILLE, FL 32327

## **New Mailing Address:**

2001 CRAWFORDVILLE HWY  
SUITE C  
CRAWFORDVILLE, FL 32327

FEI Number: 32-0139589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILL, ADREINE D DC  
2001 CRAWFORDVILLE HWY  
SUITE C  
CRAWFORDVILLE, FL 32327 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: DPST  
Name: HILL, ADRIENE D DC  
Address: 2001 CRAWFORDVILLE HWY. SUITE C  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: ADRIENE D. HILL DC

OFFI

05/01/2012

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

\_\_\_\_\_  
Date