

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048050

Entity Name: KASMER CHIROPRACTIC, P.A..

FILED
Mar 21, 2011
Secretary of State

Current Principal Place of Business:

1705 S.E. FT. KING STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3411 S.E. 18TH CT.
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-2604048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASMER, DIANE
3411 S.E. 18TH CT.
OCALA, FL 34471 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: D
Name: KASMER, DIANE K
Address: 3411 S.E. 18TH CT.
City-St-Zip: Ocala, FL 34471

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: DIANE K KASMER

D

03/21/2011

Electronic Signature of Signing Officer or Director

Date