

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066215

FILED
Apr 06, 2011
Secretary of State

Entity Name: MONA ISSA CHIROPRACTIC AND HOLISTIC CENTER P.A.

Current Principal Place of Business:

701 LINCOLN ROAD #102
MIAMI BEACH, FL 33139

New Principal Place of Business:

1000 LINCOLN ROAD #240
MIAMI BEACH, FL 33139

Current Mailing Address:

11200 PINES BLVD.
SUITE#101
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-2816554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ISSA, MONA
701 LINCOLN RD#102
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ISSA, MONA
11200 PINES BLVD. SUITE 101
PEMBROKE PINES, FL 33026 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

04/06/2011

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: ISSA, MONA J DR.
Address: 11200 PINES BLVD. SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33026

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: MONA ISSA

DR.

04/06/2011

Electronic Signature of Signing Officer or Director

Date