

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123814

FILED
Feb 17, 2011
Secretary of State

Entity Name: MICHAEL MASTERMAN, D.C., P.A.

Current Principal Place of Business:

189 ATLANTIC FALLS TRAIL
BLACK MOUNTAIN, NC 28711

New Principal Place of Business:

30 TOWN SQUARE BLVD.
204
ASHEVILLE, NC 28803

Current Mailing Address:

PO BOX 1359
BLACK MOUNTAIN, NC 28711 US

New Mailing Address:

FEI Number: 16-1732713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASTERMAN, MICHAEL DC
189 ATLANTIC FALLS TRAIL
BLACK MOUNTAIN, FL 28711 US

Name and Address of New Registered Agent:

MASTERMAN, MICHAEL
30 TOWN SQUARE BLVD.
SUITE 204
ASHEVILLE, FL 28803 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: MICHAEL MASTERMAN

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: MASTERMAN, MICHAEL
Address: PO BOX 1359
City-St-Zip: BLACK MOUNTAIN, NC 28711

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: MICHAEL MASTERMAN

PSTD

02/17/2011

Electronic Signature of Signing Officer or Director

Date