## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000125963

Entity Name: BOHANNON CHIROPRACTIC SERVICES, P.A.

Electronic Signature of Registered Agent

FILED Apr 28, 2011 Secretary of State

Date

| Current Principal Place of Business:   |                                 | New Principal Place of Business:          |                                      |
|--|---------------------------------|---|--------------------------------------|
| 1901 UNIVERSITY BLVD.<br>. JACKSONVILLE, FL 322                              |                                 |   |                                      |
| Current Mailing Address:   |                                 | New Mailing Address:                      |                                      |
| 1901 UNIVERSITY BLVD.<br>JACKSONVILLE, FL 3221                               |                                 |   |                                      |
| FEI Number: 59-3037303   | FEI Number Applied For ( )      | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent:                                |                                 | Name and Address of New Registered Agent: |                                      |
| SPIEGEL & UTRERA, P.A<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 US | Λ.                              |   |                                      |
| The above named entity sin the State of Florida.                             | ubmits this statement for the p | urpose of changing its registered         | office or registered agent, or both, |
| SIGNATURE:   |                                 |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title: PSTD

Name: BOHANNON, CYNTHIA L Address: 1901 UNIVERSITY BLVD. City-St-Zip: W. JACKSONVILLE, FL 32217

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: CYNTHIA L BOHANNON DR. 04/28/2011