

FOR PROFIT CORPORATION ANNUAL REPORT


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS000149562	
1. Entity Name Hickey Chiropractic Center	

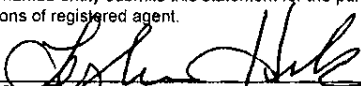
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 2695 N. Military Trail Suite, Apt. #, etc. 2	3. Mailing Address PO Box 540611 Suite, Apt. #, etc.
City & State WPB FL	City & State Greenacres FL
Zip 33409 Country USA	Zip 33454 Country USA

CR2E034B (1/11)

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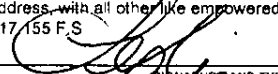
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name Leslie Hickey	
Street Address (P.O. Box Number is Not Acceptable) 1551 N Flagler Dr #816	
City West Palm Beach	FL Zip Code 33401

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and date of application</small>	DATE 7/26/11 <small>(NOTE: Registered Agent signature required when re-instating)</small>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
E-mail Address: lesliehickey@ymail.com E-mail address to be used for future annual report notices	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Leslie Hickey - (P) 1551 N Flagler Dr #816 WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payment was submitted prior to May 1 \$67 7/22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 7/26/11 Daytime Phone # (561) 603-3454