

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165598

Entity Name: GABLES CHIROPRACTIC INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

315 NW 109 AVE  
#208  
MIAMI, FL 33172

## **New Principal Place of Business:**

8181 NW 36 STREET  
14D  
DORAL, FL 33166

## **Current Mailing Address:**

315 NW 109 AVE  
#208  
MIAMI, FL 33172

## **New Mailing Address:**

8181 NW 36 STREET  
14D  
DORAL, FL 33166

FEI Number: 20-4082028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CASTILLO, LUZ  
315 NW 109 AVE.  
#208  
MIAMI, FL 33172 US

## **Name and Address of New Registered Agent:**

CASTILLO, LUZ  
8181 NW 36 STREET  
14D  
DORAL, FL 33166 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: LUZ CASTILLO

03/17/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASTILLO, LUZ  
Address: 8181 NW 36 STREET, SUITE 14D  
City-St-Zip: DORAL, FL 33166

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: LUZ CASTILLO

PD

03/17/2011

Electronic Signature of Signing Officer or Director

Date