

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001857

FILED
Apr 04, 2011
Secretary of State

Entity Name: GUDEMAN CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

267 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

562 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

Current Mailing Address:

267 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

562 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

FEI Number: 59-2927036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUDEMAN, MATTHEW
267 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

GUDEMAN, MATTHEW
562 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 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

04/04/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GUDEMAN, MATTHEW
Address: 562 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

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: MATTHEW GUDEMAN

P

04/04/2011

Electronic Signature of Signing Officer or Director

Date