

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000007879

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** MONTADAS CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

15426 N.W. 77TH CT.  
MIAMI LAKES, FL 330165803 US

**New Principal Place of Business:**

**Current Mailing Address:**

15426 N.W. 77TH CT.  
MIAMI LAKES, FL 330165803 US

**New Mailing Address:**

**FEI Number:** 20-4112063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTADAS, MARIANA F  
15426 NW 77TH CT  
MIAMI LAKES, FL 330165803 US

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

MONTADAS, MARIANA  
15426 NW 77TH CT  
MIAMI LAKES, FL 330165803 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:** MARIANA MONTADAS

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRE  
**Name:** MONTADAS, EDUARDO A  
**Address:** 15426 NW 77TH CT  
**City-St-Zip:** HIALEAH, FL 330165803 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:** EDUARDO A MONTADAS,DC

PRES

04/12/2012

Electronic Signature of Signing Officer or Director

Date