

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011593

FILED
Mar 10, 2011
Secretary of State

Entity Name: DAVIS CLINIC OF CHIROPRACTIC, INC.

Current Principal Place of Business:

1585 SANTA BARBRA BLVD, STE A
THE VILLAGES, FL 32159

New Principal Place of Business:

1585 SANTA BARBRA BLVD,
SUITE A
THE VILLAGES, FL 32159

Current Mailing Address:

1585 SANTA BARBRA BLVD, STE A
THE VILLAGES, FL 32159

New Mailing Address:

1585 SANTA BARBRA BLVD
SUITE A
THE VILLAGES, FL 32159

FEI Number: 20-4643941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDICK, ARLENE C
39245 TACOMA DRIVE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DAVIS, JASON E
Address: 1585 SANTA BARBRA BLVD, STE A
City-St-Zip: THE VILLAGES, FL 32159

Title: STD
Name: DAVIS, DEANA
Address: 1585 SANTA BARBRA BLVD, STE A
City-St-Zip: THE VILLAGES, FL 32159

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: ARLENE C. UDICK

AGT

03/10/2011

Electronic Signature of Signing Officer or Director

Date