

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019029

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** HOBBS CHIROPRACTIC INC.

**Current Principal Place of Business:**

5760 11TH AVE N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

5001 9TH AVE N.  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5760 11TH AVE N.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

5001 9TH AVE N.  
ST. PETERSBURG, FL 33710

**FEI Number:** 02-0772201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOBBS, DAVID T  
5760 11TH AVE N.  
ST. PETERSBURG, FL 33710 US

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

HOBBS, DAVID T  
5001 9TH AVE N.  
ST. PETERSBURG, FL 33710 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:** DAVID T. HOBBS

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** HOBBS, DAVID T  
**Address:** 5001 9TH AVE N.  
**City-St-Zip:** ST. PETERSBURG, FL 33710

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:** DAVID T. HOBBS

PRES

03/18/2011

Electronic Signature of Signing Officer or Director

Date