## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025660

Entity Name: INGRID M. KRUSE DC, PA

FILED Feb 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ATTN: INDRID KRUSE ATTN: INGRID KRUSE

1021 MARTIN STREET SOUTH 1021 MARTIN STREET SOUTH

PELL CITY, AL 35128 PELL CITY, AL 35128

Current Mailing Address: New Mailing Address:

PELL CITY CHIROPRACTIC
PO BOX 306
PO BOX 176
PELL CITY, AL 35125
ATTN: INGRID KRUSE
PO BOX 176
LINCOLN, AL 35096

FEI Number: 33-1133195 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DECKO, BERNARD P JR 523 GOODLAND DRIVE WEST GOODLAND, FL 34140 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 Date

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 KRUSE, INGRID M DC

 Address:
 1021 MARTIN STREET SOUTH

 City-St-Zip:
 PELL CITY, AL 35128

Title: [

Name: KRUSE, INGRID M DC Address: PO BOX 176 City-St-Zip: LINCOLN, AL 35096

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: INGRID M. KRUSE OWNE 02/20/2011