

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057785

FILED
Mar 26, 2011
Secretary of State

Entity Name: ARGYLE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

8540 ARGYLE FOREST BLVD
SUITE 4
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 65339
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 75-3214314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERTELL, KEITH A PD
784 BLANDING BLVD
SUITE 106
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

SCHERTELL, KEITH A PD
868 BLANDING BLVD
SUITE 128
ORANGE PARK, FL 32065 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

03/26/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHERTELL, KEITH A PD
Address: 8540 ARGYLE FOREST BLVD SUITE 4
City-St-Zip: JACKSONVILLE, FL 32244

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: KEITH A SCHERTELL

PD

03/26/2011

Electronic Signature of Signing Officer or Director

Date