

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063570

FILED
Feb 22, 2012
Secretary of State

Entity Name: ALBANY-SLIGH CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638

New Principal Place of Business:

19417 SHUMARD OAK DRIVE
SUITE 101
LAND O'LAKES, FL 34638

Current Mailing Address:

20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638

New Mailing Address:

19417 SHUMARD OAK DRIVE
SUITE 101
LAND O'LAKES, FL 34638

FEI Number: 14-1959517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINARI, COLLEEN
20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638 US

Name and Address of New Registered Agent:

TINARI, COLLEEN
19417 SHUMARD OAK DRIVE
SUITE 101
LAND O'LAKES, FL 34638 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: COLLEEN TINARI

02/22/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: TINARI, COLLEEN R
Address: 6148 KRISTA DR
City-St-Zip: SPRING HILL, FL 34609

Title: P
Name: TINARI, DOMINICK A DR
Address: 6148 KRISTA DRIVE
City-St-Zip: SPRING HILL, FL 34609

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: COLLEEN TINARI

VP

02/22/2012

Electronic Signature of Signing Officer or Director

Date