

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000063782

Entity Name: MEIRI CHIROPRACTIC, P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11575 U.S. HIGHWAY 1  
SUITE 208  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 33721  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 77-0662580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEIRI, JEFFREY  
11575 U.S. HIGHWAY ONE  
SUITE 208  
NORTH PALM BEACH, FL 33408 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: P  
Name: MEIRI, JEFFREY  
Address: 11575 U.S. HIGHWAY 1, SUITE 208  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V  
Name: MEIRI, NATALIE  
Address: 11575 U.S. HIGHWAY 1, SUITE 208  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: JEFFREY MEIRI

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date