

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068698

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** ALTER CHIROPRACTIC, INC.

**Current Principal Place of Business:**

4205 W ATLANTIC AVE - STE 102A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4205 W ATLANTIC AVE - STE 102A  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 20-4893202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLATZEK, STEVEN K  
2000 GLADES RD  
STE 412  
BOCA RATON, FL 33431 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: DR  
Name: ALTER, RYAN  
Address: 4205 W ATLANTIC AVE - STE 102A  
City-St-Zip: DELRAY BEACH, FL 33445

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: RYAN ALTER

DR.

02/09/2012

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

\_\_\_\_\_ Date