

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103448

FILED
Feb 09, 2012
Secretary of State

Entity Name: FRANK CLINIC OF CHIROPRACTIC, PA

Current Principal Place of Business:

38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 20-5351047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, MARK B D.C.
38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33540 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: FRANK, MARK B
Address: 2634 BRIDLE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: TREA
Name: FRANK, LAURE A
Address: 2634 BRIDLE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: DIR
Name: FRANK, CELESTE A D.C.
Address: 2634 BRIDLE DR.
City-St-Zip: PLANT CITY, FL 33566

Title: DIR
Name: DENEKE, ALIMAT
Address: 1060 FAIRBANK LANE
City-St-Zip: CHELSEA, AL 35043

Title: DIR
Name: FRANK, GABRIEL
Address: 675 BAY AVE.
City-St-Zip: MORRO BAY, CA 93442

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: LAURE A. FRANK

TREA

02/09/2012

Electronic Signature of Signing Officer or Director

Date