

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121050

FILED
Apr 20, 2011
Secretary of State

Entity Name: FIRST CHOICE CARE CHIROPRACTIC & REHABILITATION CENTER,INC

Current Principal Place of Business:

1080 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 618758
ORLANDO, FL 33861

New Mailing Address:

FEI Number: 20-4898256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, DIANE
13233 MILITARY TRAIL
DELRAY BEACH, FL 33446 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: PD
Name: COPELAND, DIANE
Address: 13233 MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33446

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: DIANE COPELAND

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date