

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141831

FILED
Feb 24, 2011
Secretary of State

Entity Name: BROOKSVILLE CHIROPRACTIC INC.

Current Principal Place of Business:

813 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

813 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 20-5857317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, TROY M DR.
4382 REEVES RD
NEW PORT RICHEY, FL 34652 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: ROBINSON, TROY M DR.
Address: 4382 REEVES RD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP
Name: ROBINSON, TROY M DR.
Address: 4382 REEVES RD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC
Name: ROBINSON, TROY M DR.
Address: 4382 REEVES RD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: TROY ROBINSON

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date