

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156441

FILED
Apr 19, 2011
Secretary of State

Entity Name: A-Z GONSTEAD CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1833 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

PO BOX 40966
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 45-0552623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCTOR, ZEBOYE A
1926 WEST 3RD STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

DOCTOR, ZEBOYE A
117 8TH STREET
JACKSONVILLE, FL 32206 US

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

04/19/2011

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: DOCTOR, ZEBOYE A
Address: 1926 WEST 3RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: ZEBOYE A.DOCTOR

CEO

04/19/2011

Electronic Signature of Signing Officer or Director

Date