

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019375

FILED
Feb 17, 2011
Secretary of State

Entity Name: EAST LAKE CHIROPRACTIC AND INJURY CENTER, INC.

Current Principal Place of Business:

4435 13TH ST
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4435 13TH ST
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 11-3804754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNICHOLS, CHRISTOPHER
3172 LAKE BREEZE CIR
SAINT CLOUD, FL 34771 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: PVTs
Name: MCNICHOLS, CHRISTOPHER L
Address: 3172 LAKE BREEZE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

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: CHRISTOPHER MCNICHOLS

PVTs

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date