2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P07000079728

Entity Name: DEFILIPPIS CHIROPRACTIC, INC.

Current Principal Place of Business:

18350 MURDOCK CIRCLE
UNIT 103
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18350 MURDOCK CIRCLE
UNIT 103
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 26-2324229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFILIPPIS, MATTHEW L BA, DC
2445 VANCOUVER LN.
PORT CHARLOTTE, FL 34286 US

Name and Address of New Registered Agent:

DEFILIPPIS, MATTHEW L BA, DC
2136 OYSTER CREEK DRIVE
ENGLEWOOD, FL 34224 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: _____ 02/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEFILIPPIS, MATTHEW L
Address: 2136 OYSTER CREEK DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

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: MATTHEW DEFILIPPIS BA DR. 02/17/2011
Electronic Signature of Signing Officer or Director Date