# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2012**
**Secretary of State**

DOCUMENT# P07000092370

**Entity Name:** TEAM LOPEZ CHIROPRACTIC, INC.

**Current Principal Place of Business:**

15497 STONEYBROOK WEST PARKWAY
SUITE 180
WINTER GARDEN, FL 34787 UN

**New Principal Place of Business:**

**Current Mailing Address:**

15497 STONEYBROOK WEST PARKWAY
SUITE 180
WINTER GARDEN, FL 34787

**New Mailing Address:**

15497 STONEYBROOK WEST PARKWAY
SUITE 180
WINTER GARDEN, FL 34787 UN

**FEI Number: 68-0498034** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, NASLY M
1303 PINEWOOD LANE
OCOEE, FL 34761 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: LOPEZ, NASLY M
Address: 1303 PINEWOOD LANE
City-St-Zip: OCOEE, FL 34761

Title: V
Name: LOPEZ, FRANCISCO
Address: 1303 PINEWOOD LANE
City-St-Zip: OCOEE, FL 34761

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: NASLY M. LOPEZ PRES 02/03/2012
Electronic Signature of Signing Officer or Director Date