

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096419

FILED
Feb 01, 2011
Secretary of State

Entity Name: ABSOLUTE HEALTH CARE ADVANCED CHIROPRACTIC, P.A.

Current Principal Place of Business:

1973 SW SAVAGE BLVD.
111
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1973 SW SAVAGE BLVD.
111
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-1074370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATE, JOSEPH L D.C.
1973 SW SAVAGE BLVD
#111
PORT ST LUCIE, FL 34953 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: D
Name: PATE, JOSEPH L D.C.
Address: 1973 SW SAVAGE BLVD., #111
City-St-Zip: PORT ST LUCIE, FL 34953

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: JOSEPH PATE

DIR

02/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date