

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099368

Entity Name: FLORIDA CHIROPRACTIC, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

693 SW PORT ST. BLVD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

693 SW PORT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MAIER, MARK S  
148 SW EXORA TERRACE  
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: P  
Name: MAIER, MARK S  
Address: 148 SW EXORA TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V  
Name: KELLY, MICHAEL T  
Address: 5347 NW ALAM CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

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: MICHAEL T KELLY

V

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date