2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2011
Secretary of State

DOCUMENT# P07000104025

Entity Name: CHIROPRACTIC HEALTH OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 26-1142420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERLO, DOUGLAS
24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MERLO, DOUGLAS A DR.
24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134 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: DR. DOUGLAS A MERLO 01/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MERLO, DOUGLAS
Address: 24830 S. TAMIAMI TRAIL SUITE # 1000
City-St-Zip: BONITA SPRINGS, FL 34134

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: DR. DOUGLAS A MERLO PRES 01/28/2011
Electronic Signature of Signing Officer or Director Date