

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104025

FILED
Feb 17, 2012
Secretary of State

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 A DR.
24830 S. TAMiami TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134 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: 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: DOUGLAS MERLO

PRES

02/17/2012

Electronic Signature of Signing Officer or Director

Date