

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123225

FILED
Feb 09, 2012
Secretary of State

Entity Name: NECK & BACK CARE CENTER, INC.

Current Principal Place of Business:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 26-1393298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ED SERRA, CPA
6118 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429 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: DR
Name: OLIVERIO, ANTHONY B
Address: 912 NE 5TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

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: ANTHONY B. OLIVERIO DC

OWNE

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date