2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P08000002376

Entity Name: WEST COAST CHIROPRACTIC & MEDICAL CENTER INC

Current Principal Place of Business:

8502 NORTH ARMENIA AVE
2B
TAMPA, FL 33604

New Principal Place of Business:

7927 SPRING VALLEY DR
TAMPA, FL 33615

Current Mailing Address:

7927 SPRING VALLEY DR
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-1694413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, HECTOR M
7927 SPRING VALLEY DR
TAMPA, FL 33615 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: VAZQUEZ, HECTOR M
Address: 7927 SPRING VALLEY DR
City-St-Zip: TAMPA, FL 33615

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: HECTOR M VAZQUEZ P 04/30/2012
Electronic Signature of Signing Officer or Director Date