

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024823

FILED  
Jan 11, 2012  
Secretary of State

Entity Name: HENARD FAMILY CHIROPRACTIC INC

## Current Principal Place of Business:

4566 HWY 20 EAST  
SUITE 205  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

4566 HWY 20 EAST  
SUITE 205  
NICEVILLE, FL 32578

## New Mailing Address:

FEI Number: 26-2140108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENHAMRON, KAREN H  
4566 HWY 20 EAST  
SUITE 205  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

HENARD, KAREN  
4566 HWY 20 EAST  
SUITE 205  
NICEVILLE, FL 32578 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: KAREN HENARD

01/11/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P VP  
Name: HENARD, KAREN  
Address: 4566 HWY 20 EAST , SUITE 205  
City-St-Zip: NICEVILLE, FL 32578

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: KAREN HENARD

D

01/11/2012

Electronic Signature of Signing Officer or Director

Date