

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034346

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE CHIROPRACTIC INC.

**Current Principal Place of Business:**

28467 US HWY 19 NORTH, SUITE 302  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

28467 US HWY 19 NORTH, SUITE 302  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 26-2330171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIOVATTO JR, GIUSEPPE D.C.  
28467 US HWY 19 N. STE  
302  
CLEARWATER, FL 33761 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: PSD  
Name: GIOVATTO JR., GIUSEPPE D.C.  
Address: 28467 US HWY 19 NORTH, SUITE 302  
City-St-Zip: CLEARWATER, FL 33761

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: GIUSEPPE GIOVATTO JR

DR

04/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date