

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037338

FILED
Apr 22, 2011
Secretary of State

Entity Name: SUNSHINE CHIROPRACTIC & MEDICAL CENTER, INC.

Current Principal Place of Business:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319

New Principal Place of Business:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319 US

Current Mailing Address:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319

New Mailing Address:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319 US

FEI Number: 26-2385405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONOFF, ERIK
2803 NE 15 ST
POMPANO BEACH, FL 33062 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,S
Name: BONOFF, ERIK
Address: 2803 NE 15 ST
City-St-Zip: POMPAN BEACH, FL 33062 US

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: ERIK BONOFF

PS

04/22/2011

Electronic Signature of Signing Officer or Director

Date