# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 23, 2011**
**Secretary of State**

DOCUMENT# P08000054834

**Entity Name:** GOOD CARE CHIROPRACTIC CENTER INC

**Current Principal Place of Business:**

2845 N MILITARY TRAIL
SUTE 5
WEST PALM BEACH, FL 334092955 US

**New Principal Place of Business:**

**Current Mailing Address:**

2845 N MILITARY TRAIL
SUTE 5
WEST PALM BEACH, FL 334092955 US

**New Mailing Address:**

**FEI Number: 26-2753713** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCOTT, TINA
2845 N. MILITARY TRAIL
SUITE 5
WEST PALM BEACH, FL 334092955 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: SCOTT, TINA
Address: 2845 N MILITARY TRAIL SUITE 5
City-St-Zip: WEST PLAM BEACH, FL 334092955 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: TINA SCOTT DR 02/23/2011

Electronic Signature of Signing Officer or Director — Date