

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000072635

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BERMUDEZ CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

10721 AQUA SURF CT  
ESTERO, FL 339282479

**New Principal Place of Business:**

4801 PALM BEACH BLVD.  
FT. MYERS, FL 33905

**Current Mailing Address:**

PO BOX 61  
ESTERO, FL 33929

**New Mailing Address:**

**FEI Number:** 26-3109583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERMUDEZ, JACQUELINE  
10721 AQUA SURF CT  
ESTERO, FL 339282479 US

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

BERMUDEZ, JACQUELINE  
4801 PALM BEACH BLVD.  
FT. MYERS, FL 33905 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BERMUDEZ, JACQUELINE  
Address: 4801 PALM BEACH BLVD.  
City-St-Zip: FT. MYERS, FL 33905

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: JACQUELINE BERMUDEZ, D.C.

DIR

04/20/2011

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

\_\_\_\_\_  
Date