

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087758

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** FOLAND CHIROPRACTIC & SPA, INC.

**Current Principal Place of Business:**

12428 SAN JOSE BLVD  
#2  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

12428 SAN JOSE BLVD  
#2  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

FEI Number: 26-3291303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLAND, WILLIAM S  
12428 SAN JOSE BLVD.  
SUITE 2  
JACKSONVILLE, FL 32223 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: DPT  
Name: FOLAND, WILLIAM  
Address: 12428 SAN JOSE BLVD #2  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DVPS  
Name: FOLAND, MICHELLE  
Address: 12428 SAN JOSE BLVD #2  
City-St-Zip: JACKSONVILLE, FL 32223 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: MICHELLE FOLAND

DVPS

03/19/2012

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

\_\_\_\_\_ Date