

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000006341

FILED
Feb 24, 2011
Secretary of State

Entity Name: RIVERSIDE CHIROPRACTIC & REHABILITATION, INC.

Current Principal Place of Business:

8849 PASEO DE VALENCIA ST.
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

8849 PASEO DE VALENCIA STREET
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 26-4086083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, ROBERT
8849 PASEO DE VALENCIA ST
FORT MYERS, FL 33908 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: PTS
Name: BUCHANAN, ROBERT
Address: 8849 PASEO DE VALENCIA STREET
City-St-Zip: FORT MYERS, FL 33908 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: ROBERT BUCHANAN

DR.

02/24/2011

Electronic Signature of Signing Officer or Director

Date