

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013383

FILED
Mar 07, 2011
Secretary of State

Entity Name: LERNER FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

11241 E. COLONIAL DRIVE, SUITE 210
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

11241 E. COLONIAL DRIVE, SUITE 210
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 26-4240663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN B. AUST, P.L.
1220 E. LIVINGSTON STREET
ORLANDO, FL 32803 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: LERNER, DR. RICHARD
Address: 11241 E. COLONIAL DRIVE, SUITE 210
City-St-Zip: ORLANDO, FL 32817 US

Title: VP
Name: LERNER, DR. ALICIA
Address: 11241 E. COLONIAL DRIVE, SUITE 210
City-St-Zip: ORLANDO, FL 32817 US

Title: T
Name: LERNER, DR. ALICIA
Address: 11241 E. COLONIAL DRIVE, SUITE 210
City-St-Zip: ORLANDO, FL 32817 US

Title: S
Name: LERNER, DR. RICHARD
Address: 11241 E. COLONIAL DRIVE, SUITE 210
City-St-Zip: ORLANDO, FL 32817 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: DR. RICHARD LERNER

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date