

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000015475

FILED
Mar 15, 2010
Secretary of State

Entity Name: CHIROPRACTOR MEDICAL SERVICES, INC.

Current Principal Place of Business:

8925 OKEECHOBEE BLVD., APT 304
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8925 OKEECHOBEE BLVD., APT 304
WEST PALM BEACH, FL 33411

New Mailing Address:

PO BOX 211254
ROYAL PALM BEACH, FL 33421

FEI Number: 26-4277533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEITES, ABEL
5896 S.W. 17 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

FLEITAS, ABEL
8925 OKEECHOBEE BLVD APT 304
WEST PALM BEACH, FL 33411 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: ABEL FLEITAS

03/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FLEITAS, ABEL
Address: 8925 OKEECHOBEE BLVD APT 304
City-St-Zip: WEST PALM BEACH, FL 33411

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: ABEL FLEITAS

PRES

03/15/2010

Electronic Signature of Signing Officer or Director

Date