

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015475

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** CHIROPRACTOR MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

1490 S. MILITARY TRL.,  
13 B  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

1490 S. MILITARY TRL.,  
13 B  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

**FEI Number:** 26-4277533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

P

02/17/2012

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

\_\_\_\_\_  
Date