

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000017325

FILED
Apr 29, 2010
Secretary of State

Entity Name: WEST COST CHIROPRACTIC AND REHABILITATION P.A.

Current Principal Place of Business:

21142 NE 31 PLACE
AVENTURA, FL 33180

New Principal Place of Business:

4300 CLEVELAND AVE, SUITE C-3
FORT MYERS, FL 33901

Current Mailing Address:

21142 NE 31 PLACE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-4331275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILENGER, FELIX
21142 NE 31 PLACE
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GORELIK, MICHAEL
Address: 2801 EAST 11 STREET, APT 3B
City-St-Zip: BROOKLYN, NY 11235

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: MICHAEL GORELIK

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date