

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037360

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC CENTER CO.

**Current Principal Place of Business:**

2050 NE 163 ST  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

3330 NE 190 ST  
2217  
AVENTURA, FL 33180

**New Mailing Address:**

2050 NE 163 ST  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 26-4749609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, TONY  
3330 NE 190 ST  
2217  
AVENTURA, FL 33180 US

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

ALVAREZ, ANTONIO A  
2050 NE 163 ST  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33162 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:** ANTONIO ALVAREZ

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALVAREZ, ANTONIO A  
**Address:** 2050 NE 163 ST 2ND FLOOR  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 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:** ANTONIO ALVAREZ

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date