

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000055830

Entity Name: TAMPA BAY CHIROPRACTIC INC

**FILED**  
**Jun 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19439 SHUMARD OAK DRIVE  
102  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

19439 SHUMARD OAK DRIVE  
102  
LAND O LAKES, FL 34638

**New Mailing Address:**

FEI Number: 27-0460128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSA, YVETTE  
19439 SHUMARD OAK DRIVE  
102  
LAND O LAKES, FL 34638 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: DR  
Name: ROSA, YVETTE  
Address: 19439 SHUMARD OAK DRIVE STE 102  
City-St-Zip: LAND O LAKES, FL 34638

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: YVETTE ROSA

DR.

06/07/2011

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

\_\_\_\_\_  
Date