

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061648

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** OCEAN CHIROPRACTIC AND HEALTH CENTER OF STUART, INC.

**Current Principal Place of Business:**

811 SE OCEAN BLVD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

811 SE OCEAN BLVD  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-0574585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPINA, MELISSA DC  
811 SE OCEAN BLVD  
STUART, FL 34994 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: SPINA, MELISSA DC  
Address: 811 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34994

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: MELISSA SPINA

DR.

02/23/2011

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

\_\_\_\_\_  
Date