

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000065139

FILED
Jan 25, 2011
Secretary of State

Entity Name: FT. MYERS CHIROPRACTIC CENTER INC

Current Principal Place of Business:

8140 COLLEGE PKWY
SUITE 107
FT. MYERS, FL 33919

New Principal Place of Business:

1811 SW 31ST TERRACE
CAPE CORAL, FL 33914

Current Mailing Address:

8140 COLLEGE PKWY
SUITE 107
FT. MYERS, FL 33919

New Mailing Address:

P.O. BOX 7052
FT. MYERS, FL 33906

FEI Number: 27-0745385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LAZ D DC
8140 COLLEGE PKWY
SUITE 107
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

RODRIGUEZ, LAZ D DC
1811 SW 31ST TERRACE
CAPE CORAL, FL 33914 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:

01/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RODRIGUEZ, LAZ D DC
Address: 1811 SW 31ST TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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: LAZ D. RODRIGUEZ

P

01/25/2011

Electronic Signature of Signing Officer or Director

Date