

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066728

Entity Name: V V CHIROPRACTIC, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14323 MIRAMAR PKWY  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17254  
PLANTATION, FL 33318

**New Mailing Address:**

FEI Number: 27-0695415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASTRARRIGO, MARK  
16511 BLATT BOULEVARD #106  
WESTON, FL 33326 US

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

MASTRARRIGO, MARK  
4811 SW 168TH AVENUE  
SOUTHWEST RANCHES, FL 33331 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:

Electronic Signature of Registered Agent

01/10/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: VALENZUELA, VALERIA  
Address: PO BOX 17254  
City-St-Zip: PLANTATION, FL 33318

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: VALERIA VALENZUELA

DR.

01/10/2011

Electronic Signature of Signing Officer or Director

Date