

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067902

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE BEACH CHIROPRACTIC, INC.

**Current Principal Place of Business:**

2441 SUITE A SOUTH THIRD ST.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

2441 SUITE A SOUTH THIRD ST.  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 90-0511839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VESCE, EDGAR DR.  
925 16TH ST. NORTH  
JACKSONVILLE BEACH, FL 32250 US

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

VESCE, EDGAR DR.  
201 25TH AVE SOUTH  
UNIT N13  
JACKSONVILLE BEACH, FL 32250 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

04/25/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: VESCE, EDGAR DR.  
Address: 201 25TH AVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DR. EDGAR VESCE

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date