

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075956

FILED
Feb 07, 2011
Secretary of State

Entity Name: WEST ORLANDO MEDICAL AND CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2250 E HIGHWAY 50
SUITE # 2
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

6388 SILVER STAR RD
SUITE 1-D
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 27-0924260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOTTA, SEAN
2342 NORTHUMBRIA DR
SANFORD, FL 32771 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: P
Name: LEOTTA, KATHY
Address: 2342 NORTHUMBRIA DR
City-St-Zip: SANFORD, FL 32771

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: KATHLEEN LEOTTA

PRES

02/07/2011

Electronic Signature of Signing Officer or Director

Date