

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075956

**FILED**  
**Mar 28, 2012**  
**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:**

LEOTTA, SEAN  
1863 BRIDGEWATER DR  
LAKE MARY, FL 32746 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:** SEAN LEOTTA

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEOTTA, KATHY  
**Address:** 1863 BRIDGEWATER  
**City-St-Zip:** LAKE MARY, FL 32746

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:** KATHY LEOTTA

P

03/28/2012

Electronic Signature of Signing Officer or Director

Date