

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000076156

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CONINE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

10117 PALERMO CIRCLE  
304  
TAMPA, FL 33619 US

**New Principal Place of Business:**

206 LITHIA PINECREST RD  
BRANDON, FL 33511 US

**Current Mailing Address:**

10117 PALERMO CIRCLE  
304  
TAMPA, FL 33619 US

**New Mailing Address:**

206 LITHIA PINECREST RD  
BRANDON, FL 33511 US

**FEI Number:** 61-1605287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEEKS, ROBERT H  
804 CANOE CT  
BRANDON, FL 335103504 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/S  
Name: CONINE, ROBERT F DR  
Address: 206 LITHIA PINECREST RD  
City-St-Zip: BRANDON, FL 33511 US

Title: V/D  
Name: FULLERTON, JACQUELINE L DR  
Address: 206 LITHIA PINECREST RD  
City-St-Zip: BRANDON, FL 33511 US

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: ROBERT CONINE

P/S

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date