

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000096016

FILED
Apr 20, 2011
Secretary of State

Entity Name: INTERNATIONAL CHIROPRACTIC AND REHAB INC.

Current Principal Place of Business:

5690 WINDHOVER DR.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5690 WINDHOVER DR.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 27-1389013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, DIANE
5690 WINDHOVER DR.
ORLANDO, FL 32819 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: COPELAND, DIANE
Address: 5690 WINDHOVER DR.
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: COPELAND, DIANE
Address: 5690 WINDHOVER DR.
City-St-Zip: ORLANDO, FL 32819

Title: S
Name: COPELAND, DIANE
Address: 5690 WINDHOVER DR.
City-St-Zip: ORLANDO, FL 32819

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: DIANE COPELAND

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date