2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

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Entity Name: CHIROPRACTIC & THERAPY SERVICES, CORP.

Current Principal Place of Business:

3540 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3540 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 27-1666624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARDINAS, GERARDO
3215 10TH AVE. N., SUITE 3-4
LAKE WORTH, FL 33461 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: PD
Name: SARDINAS, GERARDO
Address: 3215 ROSTAN LN
City-St-Zip: LAKE WORTH, FL 33461

Title: D
Name: RIVAS, CAROLINA
Address: 4300 10TH AVE. N., SUITE 3-4
City-St-Zip: LAKE WORTH, FL 33461

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: GERARDO SARDINAS P 03/07/2011

Electronic Signature of Signing Officer or Director Date