

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000004867

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** COMFORT CHIROPRACTIC P.A.

**Current Principal Place of Business:**

1453 VILLA JUNO DR. N.  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

750 SE INDIAN ST.  
STUART, FL 34997

**Current Mailing Address:**

1453 VILLA JUNO DR. N.  
JUNO BEACH, FL 33408

**New Mailing Address:**

750 SE INDIAN ST.  
STUART, FL 34997

**FEI Number:** 27-1718352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TANKERSLEY, SANDRA J DC  
1453 VILLA JUNO DR. N.  
JUNO BEACH,, FL 33408 US

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

TANKERSLEY, SANDRA J DC  
750 SE INDIAN ST.  
STUART, FL 34997 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:** SANDRA TANKERSLEY, D.C.

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TANKERSLEY, SANDRA J D.C.  
**Address:** 750 SE INDIAN ST.  
**City-St-Zip:** STUART, FL 34997

**Title:** VP  
**Name:** TANKERSLEY, CRAIG E D.C.  
**Address:** 750 SE. INDIAN ST.  
**City-St-Zip:** STUART, FL 34997

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:** SANDRA TANKERSLEY, D.C.

P

02/03/2011

Electronic Signature of Signing Officer or Director

Date