

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007607

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** SEACOAST CLINIC OF CHIROPRACTIC INC.

**Current Principal Place of Business:**

2156 SE HERRON AVENUE  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

149 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

2156 SE HERRON AVENUE  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

149 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34984

**FEI Number:** 27-2470359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMOPOULOS, LEONIDAS J  
2156 SE HERRON AVENUE  
PORT SAINT LUCIE, FL 34952 US

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

DEMOPOULOS, LEONIDAS J  
149 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34984 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEMOPOULOS, LEONIDAS J  
Address: 2156 SE HERRON AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP  
Name: VISLOCKY, VICTORIA J  
Address: 2156 SE HERRON AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: LEONIDAS J DEMOPOULOS

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date