

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000007607

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

P

04/20/2012

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

\_\_\_\_\_  
Date