2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P10000013194

Entity Name: FAMILY CHIRO-REHAB CENTER, INC

Current Principal Place of Business:

14651 PALM BEACH BLVD.,SUITE #106A
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

14651 PALM BEACH BLVD.,SUITE #106A
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 27-1902598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOSA, BRENDA
6330 WESTWOOD ACRES RD
FORT MYERS, FL 33905 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: PRES
Name: LAGO, RAFAEL
Address: 684 DELMONICO ST
City-St-Zip: LEHIGH ACRES, FL 33974

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: RAFAEL LAGO PRES 05/01/2012

Electronic Signature of Signing Officer or Director Date