

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000019435

FILED
Jan 20, 2011
Secretary of State

Entity Name: B&D CHIROPRACTIC PARTNERSHIP, INC.

Current Principal Place of Business:

9648 HONEYBELL CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

4043 HOOD ROAD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

9648 HONEYBELL CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

4043 HOOD ROAD
PALM BEACH GARDENS, FL 33410

FEI Number: 01-0950960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKOWITZ, FRANK
9648 HONEYBELL CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

THE CHIROPRACTIC STUDIO
4043 HOOD RD
PALM BEACH GARDENS, FL 33410 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: BETH QUARTELL

01/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVPS
Name: QUARTELL, BETH J
Address: 4043 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DPT
Name: ARKIN, DONNA G
Address: 4043 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: BETH QUARTELL

DVPS

01/20/2011

Electronic Signature of Signing Officer or Director

Date