2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P10000019435

Entity Name: B&D CHIROPRACTIC PARTNERSHIP, INC.

Current Principal Place of Business:

4043 HOOD ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4043 HOOD ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 01-0950960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE CHIROPRACTIC STUDIO
4043 HOOD RD
PALM BEACH GARDENS, FL 33410 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: 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: DONNA ARKIN PRES 01/10/2012

Electronic Signature of Signing Officer or Director Date