

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000036626

FILED
Apr 20, 2011
Secretary of State

Entity Name: C & C CHIROPRACTIC CENTER INC..

Current Principal Place of Business:

5200 S.W. 8TH ST., STE 119
CORAL GABLES, FL 33134

New Principal Place of Business:

5200 S.W. 8TH ST., STE 150
#150
CORAL GABLES, FL 33134

Current Mailing Address:

5200 S.W. 8TH ST., STE 119
CORAL GABLES, FL 33134

New Mailing Address:

5200 S.W. 8TH ST., STE 119
150
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, MONICA
2749 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CUEVAS, MONICA
2749 CORAL WAY
150
MIAMI, FL 33145 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: MONICA CUEVAS

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CUEVAS, MONICA
Address: 5200 S.W. 8TH ST., STE 119
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR
Name: CUEVAS, MONICA
Address: 5200 S.W. 8TH ST., STE 119
City-St-Zip: CORAL GABLES, FL 33134

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: MONICA CUEVAS

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date