

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036626

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** C & C CHIROPRACTIC CENTER INC..

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

3267 SW 25 ST  
MIAMI, FL 33133

**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  
150  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

CUEVAS, MONICA  
3267 SW 25 ST  
MIAMI, FL 33133 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

04/29/2012

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

04/29/2012

Electronic Signature of Signing Officer or Director

Date