2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P10000037921

Entity Name: DELRAY CHIRO CARE & REHAB, INC

Current Principal Place of Business:

4731 W ATLANTIC AVENUE
B9
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4731 W ATLANTIC AVENUE
B9
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZLIN, RICHARD
7085 NORTHWEST 84TH AVENUE
PARKLAND, FL 33067 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: P
Name: ST-HILAIRE, JOANISTE
Address: 4731 W ATLANTIC AVENUE, B9
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP
Name: ST-HILAIRE, MIRLINE B
Address: 4731 W ATLANTIC AVENUE, B9
City-St-Zip: DELRAY BEACH, FL 33445

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: RICHARD MAZLIN PRES 02/18/2011
Electronic Signature of Signing Officer or Director Date