

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000059844

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ANCLOTE CHIROPRACTIC AND INJURY CENTER, INC.

**Current Principal Place of Business:**

2435 US HIGHWAY 19 SOUTH  
SUITE 460  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2435 US HIGHWAY 19 SOUTH  
SUITE 460  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 90-0628809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLD, ROBERT L DR.  
2435 US HIGHWAY 19 SOUTH  
SUITE 460  
HOLIDAY, FL 34691 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: PD  
Name: GOLD, ROBERT L DR.  
Address: 2435 US HIGHWAY 19 SOUTH #460  
City-St-Zip: HOLIDAY, FL 34691

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: ROBERT L. GOLD

PD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date