

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000059844

FILED
Dec 07, 2012
Secretary of State

Entity Name: ANCLOTE CHIROPRACTIC AND INJURY CENTER, INC.

Current Principal Place of Business:

2435 US HIGHWAY 19 SOUTH
SUITE 101
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US HIGHWAY 19 SOUTH
SUITE 101
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 101
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 #101
City-St-Zip: HOLIDAY, FL 34691

Title: VP
Name: LOMBARDO, GINA M
Address: 2435 U.S. HIGHWAY 19, SUITE 101
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: GINA M. LOMBARDO

VP

12/07/2012

Electronic Signature of Signing Officer or Director

Date