

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000063942

FILED
Apr 14, 2011
Secretary of State

Entity Name: SUNSHINE CHIRO CENTER, INC

Current Principal Place of Business:

391 LEE BLVD
200
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

391 LEE BLVD
200
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 27-3192215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECCARELLI, HARRIETTA DR
391 LEE BLVD
200
LEHIGH ACRES, FL 33936 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: CECCARELLI, HARRIETTA DR
Address: 391 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

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: HARRIETTA CECCARELLI

DR

04/14/2011

Electronic Signature of Signing Officer or Director

Date