

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000069453

FILED
Jan 20, 2012
Secretary of State

Entity Name: STATEWIDE CHIROPRACTIC & REHABILITATION, INC.

Current Principal Place of Business:

5330 SW 186 AVE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5330 SW 186 AVE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 27-3310921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE M WEISSMAN, CPA PA
8181 W. BROWARD BLVD
SUITE 204
PLANTATION, FL 33324 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: CROTHERS, ANTHONY M
Address: 5330 SW 186 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: ANTHONY M. CROTHERS

P

01/20/2012

Electronic Signature of Signing Officer or Director

Date