

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000071025

FILED
Apr 28, 2011
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC & INJURY CENTERS P.A.

Current Principal Place of Business:

115 NW 167TH ST 4TH FL
N MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

115 NW 167TH ST 4TH FL
N MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 65-0837780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 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: PVPS
Name: MOHIT-KERMANI, AMIR
Address: 115 NW 167TH ST 4TH FL
City-St-Zip: N MIAMI BEACH, FL 33169

Title: TD
Name: MOHIT-KERMANI, AMIR
Address: 115 NW 167TH ST 4TH FL
City-St-Zip: N MIAMI BEACH, FL 33169

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: AMIR KERMANI, DC

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date