

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101375

FILED
Jun 12, 2012
Secretary of State

Entity Name: ALL IN ONE CHIROPRACTIC & THERAPY CENTER, INC.

Current Principal Place of Business:

900 WEST 49TH STREET - SUITE 410
HIALEAH, FL 330123489

New Principal Place of Business:

Current Mailing Address:

900 WEST 49TH STREET - SUITE 410
HIALEAH, FL 330123489

New Mailing Address:

FEI Number: 27-4190574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, CAROLINA
465 BRICKELL AVENUE
#4403
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RIVAS, CAROLINA
2001 CORAL GATE DR
MIAMI, FL 33145 US

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

06/12/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RIVAS, CAROLINA
Address: 900 W 49 ST SUITE 410
City-St-Zip: HIALEAH, FL 33012

Title: S
Name: MENDOZA, OSCAR
Address: 900 W 49 ST SUITE 410
City-St-Zip: HIALEAH, FL 33012

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: MARIA CAROLINA RIVAS

DR

06/12/2012

Electronic Signature of Signing Officer or Director

Date