

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000004825

FILED
Apr 24, 2012
Secretary of State

Entity Name: CITRUS REGIONAL CLINIC OF CHIROPRACTIC P.A.

Current Principal Place of Business:

2720 WEST WOODVIEW LANE
LECANTO, FL 34461 US

New Principal Place of Business:

108 W HIGHLAND BLVD
INVERNESS, FL 34452 US

Current Mailing Address:

2720 WEST WOODVIEW LANE
LECANTO, FL 34461 US

New Mailing Address:

108 W HIGHLAND BLVD
INVERNESS, FL 34452 US

FEI Number: 27-4578567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 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, S
Name: FOWLER, JEFFREY A
Address: 9582 E PEACHTREE LN
City-St-Zip: INVERNESS, FL 34450 US

Title: T, D
Name: FOWLER, JEFFREY A
Address: 9582 E PEACHTREE LN
City-St-Zip: INVERNESS, FL 34450 US

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: JEFFREY A FOWLER

P,S

04/24/2012

Electronic Signature of Signing Officer or Director

Date