

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000009652

FILED  
Apr 04, 2012  
Secretary of State

Entity Name: ONE LIFE CHIROPRACTIC, P.A.

## Current Principal Place of Business:

110 SW 96TH LANE  
OCALA, FL 34476 US

## New Principal Place of Business:

11203 SE 53RD CT  
BELLEVIEW, FL 34420 US

## Current Mailing Address:

110 SW 96TH LANE  
OCALA, FL 34476 US

## New Mailing Address:

FEI Number: 27-4779874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, HEATHER A  
110 SW 96TH LANE  
OCALA, FL 34476 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, T  
Name: SCOTT, JAMES N  
Address: 110 SW 96TH LANE  
City-St-Zip: OCALA, FL 34476 US

Title: S, D  
Name: SCOTT, JAMES N  
Address: 110 SW 96TH LANE  
City-St-Zip: OCALA, FL 34476 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: JAMES N SCOTT

P

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date