

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000012275

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** URHEALTH CHIROPRACTIC CORP.

**Current Principal Place of Business:**

6701 WESTWOOD BLVD W  
TAMARAC, FL 33321

**New Principal Place of Business:**

1265 SOUTH MILITARY TRAIL  
SUITE 110  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

6701 WESTWOOD BLVD W  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 27-4697571      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PATINO, JOSE A  
6701 WESTWOOD BLVD W  
TAMARAC, FL 33321      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: M  
Name: PATINO, JOSE A  
Address: 6701 WESTWOOD BLVD W  
City-St-Zip: TAMARAC, FL 33321

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: JOSE A PATINO

M

02/01/2012

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

\_\_\_\_\_  
Date