

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000017709

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** AMAZING LIFE CHIROPRACTIC, INC.

**Current Principal Place of Business:**

1400 CATTLEMEN ROAD  
SUITE 103  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

5039 OCEAN BLVD  
SIESTA KEY, FL 34242 US

**Current Mailing Address:**

1400 CATTLEMEN ROAD  
SUITE 103  
SARASOTA, FL 34232 US

**New Mailing Address:**

5039 OCEAN BLVD  
SIESTA KEY, FL 34242 US

**FEI Number:** 27-5134121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORBITS, JENNIFER  
1400 CATTLEMEN ROAD  
SUITE 103  
SARASOTA, FL 34232 US

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

NORBITS, JENNIFER  
5039 OCEAN BLVD  
SIESTA KEY, FL 34242 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: DR. JENNIFER J NORBITS

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: NORBITS, JENNIFER  
Address: 5039 OCEAN BLVD  
City-St-Zip: SIESTA KEY, FL 34242 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: JENNIFER J. NORBITS

DR.

02/14/2012

Electronic Signature of Signing Officer or Director

Date