

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000022496

Entity Name: OMNI CHIROPRACTIC, INC.

FILED  
Apr 11, 2012  
Secretary of State

## Current Principal Place of Business:

6902 W. LINEBAUGH AVE.  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

470 3RD STREET SOUTH  
#821  
ST. PETERSBURG, FL 33701

## New Mailing Address:

7407 ARLINGTON GROVE CIRCLE  
TAMPA, FL 33625

FEI Number: 27-5426981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSON, DANIEL  
470 3RD STREET SOUTH  
#821  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

OLSON, DANIEL  
7407 ARLINGTON GROVE CIRCLE  
TAMPA, FL 33625 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: DANIEL OLSON

Electronic Signature of Registered Agent

04/11/2012

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: OLSON, DANIEL  
Address: 7407 ARLINGTON GROVE CIRCLE  
City-St-Zip: TAMPA, FL 33625

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: DANIEL OLSON

Electronic Signature of Signing Officer or Director

P

04/11/2012

Date