2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P11000028634

Entity Name: HEART OF FLORIDA CHIROPRACTIC, INC.

Current Principal Place of Business:

2825 KOKOMO LOOP
HAINES CITY, FL 33844

New Principal Place of Business:

350 S. 10TH STREET
HAINES CITY, FL 33844

Current Mailing Address:

2825 KOKOMO LOOP
HAINES CITY, FL 33844

New Mailing Address:

504 PONCE DE LEON BLVD
HAINES CITY, FL 33844

FEI Number: 45-0603767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNON, DOUGLAS C JR
2825 KOKOMO LOOP
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

GAGNON, DOUGLAS C JR
504 PONCE DE LEON BLVD
HAINES CITY, FL 33844 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: 02/13/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAGNON, DOUGLAS C JR.
Address: 504 PONCE DE LEON BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: FELTON, CARYS E
Address: 504 PONCE DE LEON BLVD
City-St-Zip: HAINES CITY, FL 33844

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: DOUGLAS C. GAGNON, JR., D.C. P 02/13/2012
Electronic Signature of Signing Officer or Director Date