

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040869

Entity Name: GIMBEL CHIROPRACTIC INC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19125 STREAMSIDE COURT  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19125 STREAMSIDE COURT  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 45-2070032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIMBEL, DENISE  
19125 STREAMLINE COURT  
BOCA RATON, FL 33498 US

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

GIMBEL, DENISE  
19125 STREAMSIDE COURT  
BOCA RATON, FL 33498 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/03/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIMBEL, DENISE  
Address: 19125 STREAMSIDE COURT  
City-St-Zip: BOCA RATON, FL 33498

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: DENISE GIMBEL

P

02/03/2012

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

\_\_\_\_\_  
Date