2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 11, 2012
Secretary of State

DOCUMENT# P11000041204

Entity Name: PONCIANA CHIROPRACTIC CENTER INC

Current Principal Place of Business:

3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406 FL

New Principal Place of Business:

Current Mailing Address:

3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406 FL

New Mailing Address:

FEI Number: 45-1831888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALFONSO, ANTONIO A
3843 42 AVE
SOUTH LAKE WORTH, FL 33461 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: P
Name: ALFONSO, ANTONIO A
Address: 3843 42 AVE
City-St-Zip: SOUTH LAKE WORTH, FL 33461 US

Title: D
Name: HALL, WILLIAM A
Address: 1089 W GRANADA BLVD STE 3
City-St-Zip: ORMOND BEACH, FL 32174 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: ANTONIO A ALFONSO P 09/11/2012

Electronic Signature of Signing Officer or Director Date