

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2012
Secretary of State

Entity Name: RELYON CHIROPRACTIC AND REHAB INC

Current Principal Place of Business:

140 CALLE EL JARDIN UNIT 201
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

140 CALLE EL JARDIN UNIT 201
SAINT AUGUSTINE, FL 32095

Current Mailing Address:

140 CALLE EL JARDIN UNIT 201
SAINT AUGUSTINE, FL 32095

New Mailing Address:

140 CALLE EL JARDIN UNIT 201
SAINT AUGUSTINE, FL 32095

FEI Number: 45-2599864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINES, GARY D
140 CALLE EL JARDIN UNIT 201
ST AUGUSTINE, FL 32095 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: PRES
Name: KINES, GARY D
Address: 140 CALLE EL JARDIN UNIT 201
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP
Name: KINES, LORI C
Address: 140 CALLE EL JARDIN UNIT 201
City-St-Zip: ST AUGUSTINE, FL 32095

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: GARY D. KINES

PRES

03/01/2012

Electronic Signature of Signing Officer or Director

Date