

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000069563

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ATRIUM CHIROPRACTIC AND REHAB, INC.

**Current Principal Place of Business:**

3900 NW 79 AVE STE 201  
DORAL, FL 33166

**New Principal Place of Business:**

3900 NW 79 AVE  
201  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE STE 201  
DORAL, FL 33166

**New Mailing Address:**

3900 NW 79 AVE  
201  
DORAL, FL 33166

**FEI Number:** 45-3091588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONILLA, CARLOS D  
4209 NE 22 AVE  
FT. LAUDERDALE, FL 33308 US

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

BONILLA, CARLOS D D.C.  
3900 NE 79TH AVE  
201  
DORAL, FL 33166 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:** CARLOS BONILLA, D.C.

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BONILLA, CARLOS D  
**Address:** 3900 NW 79TH AVE  
**City-St-Zip:** DORAL, FL 33166

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:** CARLOS BONILLA, D.C.

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date