

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079387

FILED
Mar 06, 2012
Secretary of State

Entity Name: CHIROPRACTIC CARE OF SW FL, P.A.

Current Principal Place of Business:

201 8TH STREET SOUTH
SUITE 307
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

201 8TH STREET SOUTH
SUITE 307
NAPLES, FL 34102

New Mailing Address:

FEI Number: 45-3507043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREDIT UNDERWRITERS INC
15642 LIGHT BLUE CIRCLE
FORT MYERS, FL 33908 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: TURNER, RUSSELL E D.C.
Address: 201 8TH STREET SOUTH, STE 307
City-St-Zip: NAPLES, FL 34102

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: RUSSELL E. TURNER

P

03/06/2012

Electronic Signature of Signing Officer or Director

Date