

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000083279

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** BOUGIE CENTER FOR CHIROPRACTIC AND ALTERNATIVE MEDICINE, P.A.

**Current Principal Place of Business:**

395 NE 28TH TERRACE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

9033 GLADES ROAD  
SUITE C  
BOCA RATON, FL 33433

**Current Mailing Address:**

395 NE 28TH TERRACE  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENSPOON MARDER, P.A.  
100 W CYPRESS CREEK RD, SUITE 700  
FORT LAUDERDALE, FL 33309 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: BOUGIE, DAVID JR  
Address: 395 NE 28TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

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: DR. DAVID J. BOUGIE JR.

PRES

03/11/2012

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

\_\_\_\_\_  
Date