

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000087871

FILED
Mar 05, 2012
Secretary of State

Entity Name: SHTULMAN CHIROPRACTIC ANCILLARIES INC.

Current Principal Place of Business:

4507 N PINE ISLAND RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

5644 NW 66TH AVE
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 45-3545046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHTULMAN, HOWARD
5644 NW 66TH AVE
CORAL SPRINGS, FL 33067 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: SHTULMAN, DEBRA R
Address: 5644 NW 66TH AVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: TREA
Name: SHTULMAN, HOWARD
Address: 5644 NW 66TH AVE
City-St-Zip: CORAL SPRINGS, FL 33067 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: DEBRA R. SHTULMAN

PRES

03/05/2012

Electronic Signature of Signing Officer or Director

Date