

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000088398

FILED
Feb 07, 2012
Secretary of State

Entity Name: ROWE FAMILY CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

18 WILLIAMS PRIDE WAY
NEWNAN, GA 30265

New Principal Place of Business:

6271 LAKE OSPREY DRIVE
SARASOTA, FL 34240

Current Mailing Address:

18 WILLIAMS PRIDE WAY
NEWNAN, GA 30265

New Mailing Address:

6271 LAKE OSPREY DRIVE
SARASOTA, FL 34240

FEI Number: 45-3576091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELICI, LINA ESQ
ONE TAMPA CITY CENTER 201 N FRANKLIN ST
SUITE 3200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ROWE, KERI L
6271 LAKE OSPREY DRIVE
SARASOTA, FL 34240 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: KERI L. ROWE, D.C.

02/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: ROWE, NICHOLAS G
Address: 6271 LAKE OSPREY DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: DR
Name: ROWE, KERI L
Address: 6271 LAKE OSPREY DRIVE
City-St-Zip: SARASOTA, FL 34240

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: NICHOLAS G. ROWE, B.S., D.C.

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02/07/2012

Electronic Signature of Signing Officer or Director

Date