

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093435

**Entity Name:** HUMBLE CHIROPRACTIC INC

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
SUITE 1270  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

PO BOX 152016  
CAPE CORAL, FL 33915 US

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 45-3676615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUMBLE, JEFFERY J D.C.  
8695 COLLEGE PARKWAY  
SUITE 1270  
FORT MYERS, FL 33919 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: PVTS  
Name: HUMBLE, JEFFERY J DC  
Address: 2403 NW 12TH STREET  
City-St-Zip: CAPE CORAL, FL 33993 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: JEFFERY HUMBLE

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date