2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P11000095849

Entity Name: COAST CHIROPRACTIC CENTERS, INC.

Current Principal Place of Business:

7270 COLLEGE PARKWAY, SUITE 2
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7270 COLLEGE PARKWAY, SUITE 2
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 38-3855830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARCOURT, BRIAN TIMOTHY
7270 COLLEGE PARKWAY, SUITE 2
FORT MYERS, FL 33907 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/VP
Name: HARCOURT, BRIAN TIMOTHY
Address: 7270 COLLEGE PARKWAY, SUITE 2
City-St-Zip: FORT MYERS, FL 33907

Title: S/T
Name: HARCOURT, BRIAN TIMOTHY
Address: 7270 COLLEGE PARKWAY, SUITE 2
City-St-Zip: FORT MYERS, FL 33907

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: BRIAN TIMOTHY HARCOURT P 04/10/2012
Electronic Signature of Signing Officer or Director Date