

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000096896

FILED
Mar 02, 2012
Secretary of State

Entity Name: ALPHA MEDICAL AND CHIRO CENTER, INC.

Current Principal Place of Business:

3660 CENTRAL AVENUE
SUITE 2
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

3660 CENTRAL AVENUE
SUITE 2
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 45-3769192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAMALIAZAD, ESMAEEL DC
3660 CENTRAL AVENUE
SUITE 2
FORT MYERS, FL 33901 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 D
Name: SAMALIAZAD, ESMAEEL DC
Address: 3660 CENTRAL AVENUE SUITE 2
City-St-Zip: FORT MYERS, FL 33901 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: ESMAEEL SAMALIAZAD

P D

03/02/2012

Electronic Signature of Signing Officer or Director

Date