2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# P11000099721

Entity Name: QUIROPRAXIA CE CENTER, INC

Current Principal Place of Business:

4640 NW 2ND TERRACE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 133711
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 45-3851274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORNES, ANA M
4640 NW 2ND TERRACE
MIAMI, FL 33126 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
Name: TORNES, ANA M
Address: 4640 NW 2ND TERRACE
City-St-Zip: MIAMI, FL 33126

Title: VP
Name: ACOSTA, ALIUVY
Address: 19643 NW 59 AVENUE
City-St-Zip: HIALEAH, FL 33015

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: ANA M TORNES P 03/15/2012

Electronic Signature of Signing Officer or Director Date