

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000102337

FILED
Feb 14, 2012
Secretary of State

Entity Name: USA CHIROPRACTIC & REHABILITATIVE CENTER, INC.

Current Principal Place of Business:

7118 SOUTHGATE BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7118 SOUTHGATE BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 45-3970474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESPINOSSE, BERNARD
701 AZALEA COURT
PLANTATION, FL 33317 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: PCEO
Name: DESPINOSSE, BERNARD
Address: 701 AZALEA COURT
City-St-Zip: PLANTATION, FL 33317

Title: SD
Name: DESPINOSSE, ELIZABETH
Address: 701 AZALEA COURT
City-St-Zip: PLANTATION, FL 33317

Title: A
Name: RODRIGUEZ, CLIFTON H CPA
Address: 3146 NW 68TH ST
City-St-Zip: FT LAUDERDALE, FL 33309

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: BERNARD DESPINOSSE

CEO

02/14/2012

Electronic Signature of Signing Officer or Director

Date