

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000104361

Entity Name: PATZ CHIROPRACTIC P.A.

**FILED**  
**Jul 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7911 SW 104TH STREET 212G  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

7911 SW 104TH STREET 212G  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 45-4089734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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, T  
Name: PATZ, AARON  
Address: 7911 SW 104TH STREET 212G  
City-St-Zip: MIAMI, FL 33156 US

Title: S, D  
Name: PATZ, AARON  
Address: 7911 SW 104TH STREET 212G  
City-St-Zip: MIAMI, FL 33156 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: AARON JAMES PATZ

DR

07/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date