

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108664

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC LEASING INC

**Current Principal Place of Business:**

4342 E TRADEWINDS AVE  
LAUDERDALE BY THE SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4342 E TRADEWINDS AVE  
LAUDERDALE BY THE SEA, FL 33308

**New Mailing Address:**

**FEI Number:** 61-1577867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCOUNTABLE FINANCIAL SERVICES GROUP INC  
2840 NE 14TH STREET CAUSEWAY  
202  
POMPANO BEACH, FL 33062 US

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

ACCOUNTABLE FINANCIAL SERVICES GROUP INC  
2840 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062 US

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:** LAURYN CHARLES

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ADAMS, TANIA S  
**Address:** 2870 NE 14TH STREET CAUSEWAY 407  
**City-St-Zip:** POMPANO BEACH, FL 33062

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:** TANIA ADAMS

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date