

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014259

FILED
Apr 27, 2011
Secretary of State

Entity Name: JACKSONVILLE CHIROPRACTIC ASSOCIATES, INC.

Current Principal Place of Business:

390 NINTH AVENUE N
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

390 NINTH AVENUE N
JACKSONVILLE, FL 32250 US

New Mailing Address:

390 NINTH AVENUE N
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3155123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMPFE, MARCUS A D.C.
390 NINTH AVENUE N
JACKSONVILLE BEACH, FL 32250 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: KAMPFE, DAVID E SR
Address: 118 12TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP/S
Name: KAMPFE, MARCUS A DC
Address: 422 13TH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T
Name: KAMPFE, EILEEN M
Address: 118 12TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DAVID E. KAMPFE, SR.

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date