

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000002876

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** INDIAN ROCKS FAMILY CHIROPRACTIC, INC.

**Current Principal Place of Business:**

13002 SEMINOLE BLVD #4  
LARGO, FL 33778 US

**New Principal Place of Business:**

**Current Mailing Address:**

13002 SEMINOLE BLVD #4  
LARGO, FL 33778 US

**New Mailing Address:**

**FEI Number:** 59-3361088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLO, MARK  
6980 ULMERTON RD 6E  
LARGO, FL 33771 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: PTD  
Name: CARLO, MARK G  
Address: 6980 ULMERTON RD 6E  
City-St-Zip: LARGO, FL 33771

Title: VS  
Name: CARLO, JANA G  
Address: 6980 ULMERTON RD 6E  
City-St-Zip: LARGO, FL 33771

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: DR MARK CARLO DC

PDT

04/28/2012

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

\_\_\_\_\_  
Date