

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000062991

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

**Entity Name:** APPLETON CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

1215 SW 26TH AVENUE  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

% ACCOUNTING & BUSINESS CONSULTANTS INC  
2962 TRIVIUM CIRCLE #101  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0435147      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

APPLETON, PHILLIP  
1215 SW 26TH AVENUE  
POMPANO BEACH, FL 33069 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: DR  
Name: APPLETON, PHILLIP  
Address: 1215 SW 26TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

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: PHILLIP APPLETON

DR

04/25/2012

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

\_\_\_\_\_  
Date