

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076455

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** MEDICAL & CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

4602 N. NEBRASKA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

4602 N. NEBRASKA AVE.  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 65-0447629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHELE, ZAKRZEWSKI  
1213 E. GIDDENS STREET  
TAMPA, FL 33603 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: PRES  
Name: ZAKRZEWSKI, MICHELE  
Address: 4602 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

Title: S  
Name: ZAKRZEWSKI, MICHELE  
Address: 4602 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL

Title: D  
Name: WILLIAMS, GREGORY L  
Address: 1213 E GIDDENS  
City-St-Zip: TAMPA, FL

Title: VP  
Name: ZAKRZEWSKI, MICHELE D  
Address: 1213 E. GIDDENS AVE.  
City-St-Zip: TAMPA, FL 33603

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: MICHELE ZAKRZEWSKI

PRES

03/21/2012

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

\_\_\_\_\_  
Date