

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086397

FILED
Apr 13, 2012
Secretary of State

Entity Name: DELRAY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0455917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASPER, NICOLE DR.
1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 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: JASPER, NICOLE DR.
Address: 436 SW 4TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP
Name: JASPER, SHARON
Address: 655 SOUTH RD
City-St-Zip: BOYNTON BEACH, FL 33435

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: NICOLE JASPER

P

04/13/2012

Electronic Signature of Signing Officer or Director

Date