

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002471

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** STANSBERRY CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

501 N.W. 16 AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

501 N.W. 16 AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3218250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAMBERLAIN, STEVEN M  
2425 PINEAPPLE AVE. # 408  
MELBORNE, FL, FL 32925 US

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

CHAMBERLAIN, STEVEN M  
2425 PINEAPPLE AVE. # 408  
MELBORNE, FL 32925 US

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

01/31/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: STANSBERRY, TERRY W.  
Address: 6350 NE 160TH AVE  
City-St-Zip: WILLISTON, FL 32696

Title: V  
Name: STANSBERRY, PATRICIA G  
Address: 6350 NE 160TH AVE  
City-St-Zip: WILLISTON, FL 32696

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: PATRICIA G. STANSBERRY

Electronic Signature of Signing Officer or Director

V

01/31/2011

Date