

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002471

FILED
Feb 29, 2012
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 32925 US

Name and Address of New Registered Agent:

CHAMBERLAIN, STEVEN M
752 E SILVER SPRINGS BLVD.
OCALA, FL 34470 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

02/29/2012

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

V

02/29/2012

Electronic Signature of Signing Officer or Director

Date