

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000068413

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** GIBSON CHIROPRACTIC OFFICE, P.A.

**Current Principal Place of Business:**

9444 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

9444 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 59-3267999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBSON, ROBERT C.  
1416 MOSS CREEK DRIVE  
JACKSONVILLE, FL 32225 US

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

GIBSON, ROBERT C.  
9444 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225 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

01/06/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GIBSON, ROBERT C  
Address: 13742 SAXON LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC  
Name: GIBSON, MARY M  
Address: 13742 SAXON LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: ROBERT C. GIBSON, D.C.

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date