

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068413

FILED  
Jul 10, 2012  
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:

10290 PHILIPS HWY  
SUITE 1  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

9444 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

10290 PHILIPS HWY  
SUITE 1  
JACKSONVILLE, FL 32256 US

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.  
9444 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

GIBSON, ROBERT C.  
181 S. ROSCOE BLVD  
PONTE VEDRA, FL 32082 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: ROBERTGIBSON

07/10/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: GIBSON, ROBERT C  
Address: 181 S ROSCOE BLVD  
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: SEC  
Name: GIBSON, MARY M  
Address: 181 S. ROSCOE BLVD  
City-St-Zip: PONTE VEDRA, FL 32082 US

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: ROBERTGIBSON

PRES

07/10/2012

Electronic Signature of Signing Officer or Director

Date