

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015003

**FILED**  
**Jun 15, 2011**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC LIFE CENTER, P.A.

**Current Principal Place of Business:**

2183 MARINER BLVD.  
SPRING HILL, FL 346093860 US

**New Principal Place of Business:**

3391 MARINER BLVD  
SPRING HILL, FL 34609 US

**Current Mailing Address:**

2183 MARINER BLVD.  
SPRING HILL, FL 346093860 US

**New Mailing Address:**

3391 MARINER BLVD  
SPRING HILL, FL 34609 US

**FEI Number:** 31-1429308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLENN, CHARLES R  
2183 MARINER BLVD.  
SPRING HILL, FL 346093860 US

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

GLENN, CHARLES R  
3391 MARINER BLVD  
SPRING HILL, FL 34609 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

06/15/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: GLENN, CHARLES R  
Address: 3391 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609

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: CHARLES R. GLENN

Electronic Signature of Signing Officer or Director

PTS

06/15/2011

Date