2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2011
Secretary of State

DOCUMENT# P95000045920

Entity Name: CHIROPRACTIC MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

16204 TALAVERA DE AVILA
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

16204 TALAVERA DE AVILA
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3330313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUGUSTINE, NANCY G
16204 TALAVERA DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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 Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: AUGUSTINE, NANCY G
Address: 16204 TALAVERA DE AVILA
City-St-Zip: TAMPA, FL 33613 US

Title: D
Name: AUGUSTINE, STEVEN J
Address: 16204 TALAVERA DE AVILA
City-St-Zip: TAMPA, FL 33613 US

Title: D
Name: BEARD, ROBERT G JR
Address: 16644 VALLELY DRIVE
City-St-Zip: TAMPA, FL 33618 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: ROBERT G BEARD JR JD LLM CPA D 02/12/2011

Electronic Signature of Signing Officer or Director Date