

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078149

FILED
Apr 25, 2011
Secretary of State

Entity Name: BUSH CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

2402 LAKE DRIVE, NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2402 LAKE DRIVE, NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3336979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, GARY
2402 LAKE DRIVE, NW
WINTER HAVEN, FL 33881 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: DR.
Name: BUSH, GARY
Address: 395 ADAMS RD
City-St-Zip: AUBURNDALE, FL 33823

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: GARY BUSH

DR.

04/25/2011

Electronic Signature of Signing Officer or Director

Date