

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000002362

Entity Name: ZANETTI CHIROPRACTIC, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4817 NE 2ND LOOP  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

4817 NE 2ND LOOP  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3354287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEBOLT, DINA Z  
4817 NE 2ND LOOP  
OCALA, FL 34471 US

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

DEBOLT, DINA Z  
4817 NE 2ND LOOP  
OCALA, FL 34470 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

01/07/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEBOLT, DINA Z  
Address: 4817 NE 2ND LOOP  
City-St-Zip: OCALA, FL 34470

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: DINA Z DEBOLT

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date