

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000006289

**Entity Name:** MAURICIO CHIROPRACTIC CLINICS, P.A.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1810 SEMORAN BLVD  
SUITE 104  
WINTER PARK, FL 32792

**New Principal Place of Business:**

625 S. RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 59-3421552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAURICIO, JOSE J  
1810 SEMORAN BLVD  
WINTER PARK, FL 32792 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: D  
Name: MAURICIO, JOSE J  
Address: 4747 SOUTH CONWAY RD, STE A  
City-St-Zip: ORLANDO, FL 32812

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: JOSE J. MAURICIO

DR

01/13/2011

Electronic Signature of Signing Officer or Director

Date