

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032558

FILED
Mar 02, 2011
Secretary of State

Entity Name: HALE CHIROPRACTIC, INC.

Current Principal Place of Business:

1970 MICHIGAN AVE, BLDG F
COCOA, FL 32922

New Principal Place of Business:

1970 MICHIGAN AVE, BLDG F
COCOA, FL 32922 US

Current Mailing Address:

107 HIGHVIEW DR.
COCOA, FL 32922

New Mailing Address:

107 HIGHVIEW DR.
COCOA, FL 32922 US

FEI Number: 59-3445631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, THOMAS J
107 HIGHVIEW DR.
COCOA, FL 32922 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: HALE, THOMAS J
Address: 107 HIGHVIEW DR.
City-St-Zip: COCOA, FL 32922 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: THOMAS J. HALE, D.C.

DIR

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date