

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000041760

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** ALL-GENTLE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3535 US HWY 17 #11  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

3535 US HWY 17 #11  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 65-0752177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

GENTLE, JUNE  
3535 US HWY 17 #11  
FLEMING ISLAND, FL 32003 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:** JUNE GENTLE

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** GENTLE, JUNE  
**Address:** 1500 CALMING WATER DR.  
**City-St-Zip:** FLEMING ISLAND, FL 32003

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:** JUNE GENTLE

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date