

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000044412

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PROFESSIONAL CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

100 S SCENIC HWY STE 105  
STE 105  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

100 S SCENIC HWY STE 105  
STE 105  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-3452080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FARO, ANTHONY E III  
100 S SCENIC HWY STE 105  
LAKE WALES, FL 33853 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: FARO, ANTHONY E III  
Address: 7534 FLAME FLOWER LN  
City-St-Zip: LAKE WALES, FL 33898

Title: D  
Name: FARO, KELLIE A  
Address: 7534 FLAME FLOWER LN  
City-St-Zip: LAKE WALES, FL 33898

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: KELLIE A. FARO

D

02/20/2012

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

\_\_\_\_\_  
Date