

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063052

FILED
Apr 24, 2012
Secretary of State

Entity Name: MANUEL FAMILY CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

3126 S.W. MARTIN DOWNS BOULEVARD
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2329
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0768804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANUEL, GERALD W
1460 S.W. ALBATROSS WAY
PALM CITY, FL 34990 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: MANUEL, GERALD W
Address: 1460 S.W. ALBATROSS WAY
City-St-Zip: PALM CITY, FL 34990

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: GERALD W. MANUEL

D

04/24/2012

Electronic Signature of Signing Officer or Director

Date