2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# P97000092933

Entity Name: URMOS CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

2870 GULF BREEZE PKWY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 6337
GULF BREEZE, FL 32563

New Mailing Address:

P.O.BOX 5757
NAVARRE, FL 32566

FEI Number: 59-3475831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URMOS, CYNTHIA E DR.
2870 GULF BREEZE PWY
GULF BREEZE, FL 32563 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS
Name: URMOS, CYNTHIA E DR.
Address: 2870 GULF BREEZE PWY
City-St-Zip: GULF BREEZE, FL 32563

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: DR. CYNTHIA URMOS PVTS 04/06/2010

Electronic Signature of Signing Officer or Director Date