

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107738

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** LEE CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

1920 S 14TH ST  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1920 S 14TH ST  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 59-3483891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARMAND, TERRY B  
303 CENTRE ST  
SUITE 201  
FERNANDINA BEACH, FL 32034 US

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

HARRELSON-LEE, ELIZABETH A  
1920 SOUTH 14TH STREET  
FERNANDINA BEACH, FL 32034 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:** ELIZABETH HARRELSON-LEE

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** LEE, ELIZABETH  
**Address:** 1920 S. 14TH ST.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** DVT  
**Name:** LEE, JOSEPH M  
**Address:** 1920 S 14TH ST  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

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:** ELIZABETH HARRELSON-LEE

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date