

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002729

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** LAURA R. KORMAN, D.C., P.A.

**Current Principal Place of Business:**

20101 PEACHLAND BLVD  
209  
PT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

20101 PEACHLAND BLVD  
209  
PT CHARLOTTE, FL 33954

**New Mailing Address:**

**FEI Number:** 65-0807061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KORMAN, LAURA R D.C.  
120 VAN DYCK DRIVE  
NOKOMIS, FL 34275    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:** PD  
**Name:** KORMAN, LAURA R D.C.  
**Address:** 120 VAN DYCK DRIVE  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** D  
**Name:** KORMAN, BRIAN  
**Address:** 120 VAN DYCK DRIVE  
**City-St-Zip:** NOKOMIS, FL 34275

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: LAURA R KORMAN

PD

04/11/2011

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

\_\_\_\_\_ Date