

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045865

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC AND MEDICAL CENTER CORP.

**Current Principal Place of Business:**

115 NW 167TH STREET  
4TH FLOOR  
N. MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

115 NW 167TH STREET  
4TH FLOOR  
N. MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0837780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD  
Name: KERMANI, AMIR DC  
Address: 115 NORTHWEST 167TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: AMIR KERMANI, DC

PRES

06/14/2011

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

\_\_\_\_\_  
Date