

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018794

FILED
Apr 19, 2011
Secretary of State

Entity Name: SECONI FAMILY CHIROPRACTIC CENTER, PA

Current Principal Place of Business:

2220 W HWY 44
SUITE C2
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2220 W HWY 44
SUITE C2
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 52-2159974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACH, MICHAEL T JR
151 E HIGHLAND BLVD
SUITE 161
INVERNESS, FL 34452 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: P
Name: SECONI, TREVOR F OFFICER
Address: 5121 E TENISON ST
City-St-Zip: INVERNESS, FL 34452

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: TREVOR SECONI

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date