

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2011
Secretary of State

Entity Name: HOFSTEE CHIROPRACTIC & WELLNESS CLINIC, P.A.

Current Principal Place of Business:

207 NW ST JAMES DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

207 NW ST JAMES DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0895069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTEE, MICHAEL
207 NW ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983 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: HOFSTEE, MICHAEL
Address: 207 NW ST. JAMES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: MICHAEL HOFSTEE

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date