

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024115

FILED
Apr 30, 2011
Secretary of State

Entity Name: CHIROPRACTIC PHYSICIANS REHABILITATION NETWORK INC.

Current Principal Place of Business:

2711 MICHIGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

CPRN
P.O. BOX 452272
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3559465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RODRIGUEZ, PHRANKIE
12900 LOS ALAMITOS CT
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

RODRIGUEZ, PHRANKIE
12900 LOS ALAMITOS CT
ORLANDO, FL 32837 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: _____

Electronic Signature of Registered Agent

04/30/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RODRIGUEZ, PHRANKIE
Address: 12900 LOS ALAMITOS CT
City-St-Zip: ORLANDO, FL 32837

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: PHRANKIE RODRIGUEZ D.C.

D.C.

04/30/2011

Electronic Signature of Signing Officer or Director

Date