

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028182

FILED
Feb 18, 2011
Secretary of State

Entity Name: MARGATE CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1440 N. STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1440 N. STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0906457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, BARRY DR
1440 NORTH STATE ROAD 7
MARGATE, FL 33063 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: DR
Name: GOLDSMITH, BARRY
Address: 1440 N SR 7
City-St-Zip: MARGATE, FL 33063

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: BARRY GOLDSMITH

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date