

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036993

FILED
Mar 01, 2011
Secretary of State

Entity Name: SCHNIPPER CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

6334 FOREST HILL BLVD
GREENACRES, FL 33415

New Mailing Address:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

FEI Number: 65-0914885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNIPPER, BRIAN R
6334 FOREST HILL BLVD.
GREENACRES, FL 33415 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: SCHNIPPER, BRIAN R
Address: 9178 DUPONT PL.
City-St-Zip: WELLINGTON, FL 33414

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: BRIAN R SCHNIPPER

OWNE

03/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date