

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037485

FILED
Jan 10, 2011
Secretary of State

Entity Name: DRS. FLINK, FAMILY CHIROPRACTORS, P.A.

Current Principal Place of Business:

2691 SW PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2691 SW PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0913806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINK, STEFAN DC
10472 SW KATRINA WAY.
PORT SAINT LUCIE, FL 34987 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: DC
Name: FLINK, PAMELA
Address: 10472 SW KATRINA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DC
Name: FLINK, STEFAN
Address: 10472 SW KATRINA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: PAMELA FLINK, DC

OWNE

01/10/2011

Electronic Signature of Signing Officer or Director

Date