

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042860

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** FIORE CHIROPRACTIC CENTRE, P.A.

**Current Principal Place of Business:**

8101 SOUTHSIDE BOULEVARD, SUITE 5  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8101 SOUTHSIDE BOULEVARD, SUITE 5  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-3009162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIORE, MICHAEL L  
8101 SOUTHSIDE BOULEVARD, SUITE 5  
JACKSONVILLE, FL 32256 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:** DP  
**Name:** FIORE, MICHAEL L  
**Address:** 8101 SOUTHSIDE BOULEVARD, SUITE 5  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** ST  
**Name:** FIORE, ISABEL S  
**Address:** 8101 SOUTHSIDE BLVD SUITE 5  
**City-St-Zip:** JACKSONVILLE, FL 32256

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 L. FIORE

DP

03/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date