2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# P99000078074

Entity Name: FAMILY CHIROPRACTIC CENTER OF MARTIN COUNTY, INC.

Current Principal Place of Business:

526 SE OLD DIXIE HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

526 SE OLD DIXIE HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0282315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUST-STEWART, LISA M
526 S.E. OLD DIXIE HWY
STUART, FL 34994 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: LUST-STEWART, LISA M
Address: 526 SE DIXIE HWY
City-St-Zip: STUART, FL 34994

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: LISA M. LUST-STEWART DR. 02/03/2012

Electronic Signature of Signing Officer or Director Date