

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000078296

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** FRIEDMAN CHIROPRACTIC CENTER, PA

**Current Principal Place of Business:**

8510 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8510 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 65-0947981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREEDMAN, DAVID H ESQ.  
11900 BISCAYNE BLVD.  
SUITE 616  
NORTH MIAMI, FL 33181 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: D  
Name: FRIEDMAN, GARRY DR.  
Address: 8510 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

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: DR GARRY FRIEDMAN

D

01/11/2011

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

\_\_\_\_\_  
Date