

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107277

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PASADENA FAMILY CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

6420 CENTRAL AVENUE  
ST. PETERSBURG G, FL 33707

**New Principal Place of Business:**

6801 GULFPORT BLVD. SO. STE. 5  
ST. PETERSBURG G, FL 33707

**Current Mailing Address:**

6420 CENTRAL AVENUE  
ST. PETERSBURG G, FL 33707

**New Mailing Address:**

6801 GULFPORT BLVD. SO. STE. 5  
ST. PETERSBURG G, FL 33707

FEI Number: 59-3614819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BACON, DAVID A ESQ.  
2959 1ST AVE., NORTH  
ST. PETERSBURG, FL 33713 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: FOLEY, EDWARD W  
Address: 6801 GULFPORT BLVD. SO. STE. 5  
City-St-Zip: SAINT PETERSBURG, FL 33707

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: EDWARD W. FOLEY

DR.

04/24/2012

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

\_\_\_\_\_ Date