

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20216

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** ORANGE PARK CHIROPRACTIC CENTER, PA

**Current Principal Place of Business:**

868 BLANDING BLVD  
SUITE 128  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

868 BLANDING BLVD  
SUITE 128  
ORANGE PARK, FL 32065

**New Mailing Address:**

**FEI Number:** 59-3042489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHERTELL, KEITH A PD  
868 BLANDING BLVD  
SUITE 128  
ORANGE PARK, FL 32065 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: PD  
Name: SCHERTELL, KEITH A PD  
Address: 868 BLANDING BLVD. SUITE 128  
City-St-Zip: ORANGE PARK, FL 32065

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: KEITH A SCHERTELL

PD

04/24/2012

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

\_\_\_\_\_  
Date