

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S41837

FILED
Jan 19, 2011
Secretary of State

Entity Name: LAFAYETTE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1844 FIDDLER CT., STE B
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1844 FIDDLER CT., STE B
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3069446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAJOCZKY, ANTHONY L
125 N. FRANKLIN
TALLAHASSEE, FL 32301 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: JENSEN, JAN
Address: 1844 FIDDLER COURT, SUITE B
City-St-Zip: TALLAHASSEE, FL 32308

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. JAN JENSEN

D

01/19/2011

Electronic Signature of Signing Officer or Director

Date