

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71907

FILED
Apr 26, 2011
Secretary of State

Entity Name: BAYBRIDGE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3075800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KENNETH L.
107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 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: WILLIAMS, KENNETH L.
Address: 107 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL

Title: VP
Name: WILLIAMS, CONNIE S
Address: 107 BAYBRIDGE DR
City-St-Zip: GULF BREEZE, FL

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: KENNETH WILLIAMS

DR

04/26/2011

Electronic Signature of Signing Officer or Director

Date