

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81010

FILED
Feb 27, 2012
Secretary of State

Entity Name: T.L.C. CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3625 N.W. 82ND AVE., STE 320
DORAL, FL 33166 US

New Principal Place of Business:

3625 N.W. 82ND AVE
320
DORAL, FL 33166 US

Current Mailing Address:

3625 N.W. 82ND AVE., STE 320
DORAL, FL 33166 US

New Mailing Address:

3625 N.W. 82ND AVE
320
DORAL, FL 33166 US

FEI Number: 65-0284044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIRALDEZ, SERGIO J PRES
15244 SW 140 ST.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

GIRALDEZ, SERGIO J PRES
3625 NW 82 AVE
320
MIAMI, FL 33196 US

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:

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GIRALDEZ, SERGIO J OWNER
Address: 3625 NW 82 AVE SUITE 320
City-St-Zip: DORAL, FL 33166

Title: D
Name: DEL CAMPILLO, MARIA OWNER
Address: 3625 NW 82 AVE SUITE 320.
City-St-Zip: DORAL, FL 33166

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: SERGIO J GIRALDEZ

MR.

02/27/2012

Electronic Signature of Signing Officer or Director

Date