2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# V20045

Entity Name: FIORINI CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

2619 BLAIRSTONE RD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2619 BLAIRSTONE RD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3113170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'STEEN, J C
2900 EAST PARK AVENUE
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: P
Name: FIORINI, DENNIS DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: V
Name: ATKINSON, WILLIAM DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST
Name: FIORINI, KIMBERLY DR.
Address: 2619 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

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: KIMBERLY A. FIORINI ST 02/15/2012

Electronic Signature of Signing Officer or Director Date