

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49346

FILED
Mar 13, 2011
Secretary of State

Entity Name: GOLD COAST CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

1000 LINTON BLVD
SUITE A-7
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1000 LINTON BLVD
SUITE A-7
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0346538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOLAKOS, DOUGLAS B
1000 LINTON BLVD
SUITE A-7
DELRAY BEACH, FL 33444 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: MANOLAKOS, DOUGLAS B
Address: 1000 LINTON BLVD., SUITE A-7
City-St-Zip: DELRAY BEACH, FL 334441104

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: DOUGLAS MANOLAKOS

P

03/13/2011

Electronic Signature of Signing Officer or Director

Date