

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49346

FILED  
Mar 11, 2012  
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

03/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date