

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V66161

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** TOTALCARE CHIROPRACTIC VII, INC.

**Current Principal Place of Business:**

2608 NE 16TH AVE.  
WILTON MANORS, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

2608 NE 16TH AVE.  
WILTON MANORS, FL 33334 US

**New Mailing Address:**

**FEI Number:** 65-0382230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOMASKY, TROY  
2608 NE 16TH AVE.  
WILTON MANORS, FL 33334 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: PVPS  
Name: LOMASKY, TROY S  
Address: 3030 NE 43RD ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: TROY S. LOMASKY

DR.

04/27/2012

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

\_\_\_\_\_  
Date