2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L53898

Entity Name: SHADOWOOD CHIROPRACTIC CENTER, INCORPORATED

Current Principal Place of Business:

9799 GLADES RD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9799 GLADES RD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0192495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELLABELLA, ALLAN
9799 GLADES RD
BOCA RATON, FL 33434 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: D
Name: DELLABELLA, ALLAN
Address: 9799 GLADES RD.
City-St-Zip: BOCA RATON, FL

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: ALLAN DELLABELLA D 04/29/2011
Electronic Signature of Signing Officer or Director Date