

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042500

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ANGELIC CHIROPRACTIC & HEALTH SERVICES, INC.

**Current Principal Place of Business:**

605 E CENTRAL AVENUE  
WINTER HAVEN, FL 338803056

**New Principal Place of Business:**

**Current Mailing Address:**

605 E CENTRAL AVENUE  
WINTER HAVEN, FL 338803056

**New Mailing Address:**

FEI Number: 75-3097340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, BERNICE A DC  
605 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JOHNSON, BERNICE A DC  
Address: 605 E. CENTRAL AVENUE  
City-St-Zip: WINTER HAVEN, FL 33880

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: BERNICE A. JOHNSON D.C.

PRES

04/27/2010

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

\_\_\_\_\_ Date