

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109660

FILED
Jan 23, 2008
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC REHABILITATION AND WELLNESS CENTER, INC.

Current Principal Place of Business:

15151 SOUTH HWY 441
SUMMERFIELD, FL 34491

New Principal Place of Business:

15151 SOUTH HWY 441
SUITE 200
SUMMERFIELD, FL 34491

Current Mailing Address:

6245 6245 NE 60TH STREET
SILVER SPRINGS, FL 34488

New Mailing Address:

15151 SOUTH HWY 441
SUITE 200
SUMMERFIELD, FL 34491

FEI Number: 51-0519313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAMMANA, THOMAS
6245 6245 NE 60TH STREET
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

MAMMANA, THOMAS F DR.
6245 6245 NE 60TH STREET
SILVER SPRINGS, FL 34488 US

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: DR. THOMAS F. MAMMANA

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MAMMANA, CAROL J SEC
Address: 6245 N.E. 60TH ST
City-St-Zip: SILVER SPRINGS, FL 34488 MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL J. MAMMANA

SEC

01/23/2008

Electronic Signature of Signing Officer or Director

Date