

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054274

FILED
Apr 24, 2009
Secretary of State

Entity Name: BACK TO HEALTH CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

4032 ELLESMERE B
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

2023 ELLESMERE B
DEERFIELD BEACH, FL 33442

Current Mailing Address:

4032 ELLESMERE B
DEERFIELD BEACH, FL 33442

New Mailing Address:

2023 ELLESMERE B
DEERFIELD BEACH, FL 33442

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: PEREIRA, ROSEMARY
Address: 4032 ELLESMERE B
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREIRA, ROSEMARY
Address: 2023 ELLESMERE B
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ROSEMARY PEREIRA

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date