

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071564

FILED
Jan 06, 2011
Secretary of State

Entity Name: HEALTHY JOINTS CHIROPRACTIC & WELLNESS INC

Current Principal Place of Business:

17429 BRIDGE HILL CT.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

17429 BRIDGE HILL CT.
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 27-0811927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHR, TRAVIS
17429 BRIDGE HILL CT
TAMPA, FL 33647 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: P
Name: MOHR, TRAVIS R
Address: 17429 BRIDGE HILL CT.
City-St-Zip: TAMPA, FL 33647 US

Title: VP
Name: MOHR, TRAVIS R
Address: 17429 BRIDGE HILL CT.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR
Name: MOHR, TRAVIS R
Address: 17429 BRIDGE HILL CT.
City-St-Zip: TAMPA, FL 33647 US

Title: SEC
Name: MOHR, TRAVIS R
Address: 17429 BRIDGE HILL CT.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR
Name: MOHR, TRAVIS R
Address: 17429 BRIDGE HILL CT.
City-St-Zip: TAMPA, FL 33647 US

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: TRAVIS MOHR

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date