2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2012
Secretary of State

DOCUMENT# P11000031660

Entity Name: ABOUT WELLNESS CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

6820 NOVA DR #104
DAVIE, FL 33317

New Principal Place of Business:

9700 STIRLING RD.
107
COOPER CITY, FL 33024

Current Mailing Address:

6820 NOVA DR #104
DAVIE, FL 33317

New Mailing Address:

FEI Number: 45-1290243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDMISTON, TERRI ALESSI
6820 NOVA DR #104
DAVIE, FL 33317 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: PD
Name: MILLER, ROSALYN W
Address: 6820 NOVA DR #104
City-St-Zip: DAVIE, FL 33317

Title: VPD
Name: EDMISTON, TERRI ALESSI
Address: 6820 NOVA DR #104
City-St-Zip: DAVIE, FL 33317

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: ROSALYN W. MILLER DR. 07/23/2012

Electronic Signature of Signing Officer or Director — Date