

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000042500

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

**Current Principal Place of Business:**

605 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880-3056

**Current Mailing Address:**

605 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880-3056

**FEI Number: 75-3097340**

**Certificate of Status Desired: No**

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

JOHNSON, BERNICE ADC  
605 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            JOHNSON, BERNICE ADC  
Address        605 E. CENTRAL AVENUE  
City-State-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 DC**

**01/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date