

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000031660

Entity Name: ABOUT WELLNESS CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

9700 STIRLING RD.
107
COOPER CITY, FL 33024

Current Mailing Address:

9421 EVERGREEN PLACE
105
DAVIE, FL 33324 US

FEI Number: 45-1290243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Title VPD
Name EDMISTON, TERRI ALESSI
Address 6820 NOVA DR #104
City-State-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

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date