2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# H88927

Entity Name: ATWELL FAMILY CHIROPRACTIC AND WELLNESS CENTER, P.A.

Current Principal Place of Business:

3867 S.E. EVANS TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3867 S.E. EVANS TERRACE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2629681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATWELL, HUGH C
3867 S.E. EVANS TERRACE
STUART, FL 34997 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: ATWELL, HUGH CLIFTON,
Address: 8087 SE WINDJAMMER WAY
City-St-Zip: HOBE SOUND, FL 33455 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ATWELL, HUGH CLIFTON,
Address: 1455 SE LEGACY COVE CIRCLE
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HUGH CLIFTON ATWELL PD 01/13/2006

Electronic Signature of Signing Officer or Director — Date