

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72505

FILED
Apr 25, 2011
Secretary of State

Entity Name: CAMERON CHIROPRACTIC AND HOLISTIC HEALTHCARE, INC.

Current Principal Place of Business:

C/O COREY CAMERON
2151 E. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

C/O COREY CAMERON
2117 NE 44 STREET
FT. LAUDERDALE, FL 33308

Current Mailing Address:

C/O COREY CAMERON
2151 E. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE, FL 33308

New Mailing Address:

C/O COREY CAMERON
2117 NE 44 STREET
FT. LAUDERDALE, FL 33308

FEI Number: 65-0115790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON,COREY
2151 E. COMMERCIAL BLVD.
STE. 202
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

CAMERON,COREY
2117 NE 44 STREET
FT. LAUDERDALE, FL 33308 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

04/25/2011

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: CAMERON, COREY
Address: 2117 NE 44 STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

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: COREY CAMERON

DR

04/25/2011

Electronic Signature of Signing Officer or Director

Date