2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# M68694

Entity Name: LAKE WALES CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

343 W CENTRAL AVE
STE. 3
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

343 WEST CENTRAL AVE.
STE.3
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-2897275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, RONALD L.
343 WEST CENTRAL AVE.
STE. 3
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

HARRELL, RONALD L
343 WEST CENTRAL AVE.
STE. 3
LAKE WALES, FL 33853 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: RONALD L HARRELL 04/30/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: HARRELL, RONALD L.
Address: 343 WEST CENTRAL AVE. STE. 3
City-St-Zip: LAKE WALES, FL 33853 US

Title: VP
Name: HARRELL, SUZANNE
Address: 343 W CENTRAL AVE S 3
City-St-Zip: LAKE WALES, FL 33853 US

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: RONALD L HARRELL PD 04/30/2010
Electronic Signature of Signing Officer or Director Date