

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043782

FILED
Jan 23, 2012
Secretary of State

Entity Name: JULINGTON CREEK CHIROPRACTIC AND WELLNESS CENTER, P.A.

Current Principal Place of Business:

465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259

New Principal Place of Business:

485 STATE ROAD 13
SUITE 3
JACKSONVILLE, FL 32259

Current Mailing Address:

465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259

New Mailing Address:

485 STATE ROAD 13
SUITE 3
JACKSONVILLE, FL 32259

FEI Number: 22-3604666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAHMANN, THOMAS
465 STATE ROAD 13
SUITE 11
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

LAHMANN, THOMAS
485 STATE ROAD 13
SUITE 3
JACKSONVILLE, FL 32259 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: THOMAS LAHMANN

01/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LAHMANN, THOMAS
Address: 485 STATE ROAD 13, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32259

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: THOMAS LAHMANN

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date