

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000102497

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** BACK IN ACTION HEALTH CENTERS, INC.

**Current Principal Place of Business:**

1501 S CONGRESS AVE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

1602 10TH AVE N  
LK WORTH, FL 33460

**Current Mailing Address:**

700 E BOYNTON BEACH BLVD  
606  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

1602 10TH AVE N  
LK WORTH, FL 33460

**FEI Number:** 65-1052562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NITTI, JOSEPH  
1501 S CONGRESS AVE  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

NITTI, JOSEPH  
1602 10TH AVE N  
LK WORTH, FL 33460 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: JOSEPH NITTI

01/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: NITTI, JOSEPH  
Address: 1602 10TH AVE N  
City-St-Zip: LK WORTH, FL 33460

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: JOSEPH NITTI

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date