

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041460

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** SEMINOLE CHIROPRACTIC, INJURY & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

10875 PARK BLVD  
STE B  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10875 PARK BLVD  
STE B  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 59-3715094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SMITH, ELAINE L  
10875 PARK BLVD.  
SUITE B  
SEMINOLE, FL 33772 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: P  
Name: NICKSE, STEPHEN  
Address: 11248 106TH AVE  
City-St-Zip: LARGO, FL 33778

Title: ST  
Name: SMITH, ELAINE  
Address: 7131 122ND WAY N  
City-St-Zip: SEMINOLE, FL 33772

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: ELAINE L. SMITH

ST

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date