

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041460

FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

10863 PARK BLVD., STE 2
SEMINOLE, FL 33772

New Principal Place of Business:

10863 PARK BLVD.,
SUITE 2
SEMINOLE, FL 33772

Current Mailing Address:

10863 PARK BLVD., STE 2
SEMINOLE, FL 33772

New Mailing Address:

10863 PARK BLVD.,
SUITE 2
SEMINOLE, FL 33772

FEI Number: 59-3715094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

SMITH, ELAINE L
10863 PARK BLVD.
SUITE 2
SEMINOLE, FL 33772 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: ELAINE L. SMITH

01/06/2011

Electronic Signature of Registered Agent

Date

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

OM

01/06/2011

Electronic Signature of Signing Officer or Director

Date