

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023089

FILED
Apr 18, 2011
Secretary of State

Entity Name: NEW HOPE CHIROPRACTIC WELLNESS CENTER, INC.

Current Principal Place of Business:

4100 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

1084 LEE RD
SUITE 7
ORLANDO, FL 32810 US

Current Mailing Address:

4100 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Mailing Address:

1084 LEE RD
SUITE 7
ORLANDO, FL 32810 US

FEI Number: 02-0558597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, PAUL A
4724 DOBERMAN STREET
ORLANDO, FL 32818 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

OFFICERS AND DIRECTORS:

Title: P
Name: THOMPSON, ROSLYN D DR
Address: 4724 DOBERMAN STREET
City-St-Zip: ORLANDO, FL 32818

Title: O
Name: THOMPSON, PAUL A SR
Address: 4724 DOBERMAN STREET
City-St-Zip: ORLANDO, FL 32818

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: ROSLYN THOMPSON

DR

04/18/2011

Electronic Signature of Signing Officer or Director

Date