

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024669

FILED
Feb 06, 2007
Secretary of State

Entity Name: MUSA CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

1605 COUNTY RD 220
165
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1605 COUNTY RD 220
165
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 02-0564873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSA, JOSEPH A
1605 COUNTY RD 220
#165
ORANGE PARK, FL 32003 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: DR () Delete
Name: MUSA, JOSEPH A
Address: 3383 DOCTOR'S LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: DR () Delete
Name: MUSA, MARY ANN
Address: 3383 DOCTOR'S LAKE DR.
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. MARY ANN MUSA

VP

02/06/2007

Electronic Signature of Signing Officer or Director

Date