

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024669

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** MUSA CHIROPRACTIC & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1915 EAST WEST PARKWAY  
SUITE #2  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

1915 EAST WEST PARKWAY  
SUITE #2  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1915 EAST WEST PARKWAY  
SUITE #2  
ORANGE PARK, FL 32003

**New Mailing Address:**

1915 EAST WEST PARKWAY  
SUITE #2  
FLEMING ISLAND, FL 32003

**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 DR.  
1915 EAST WEST PARKWAY  
SUITE #2  
ORANGE PARK, FL 32003 US

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

MUSA, JOSEPH A DR.  
1915 EAST WEST PARKWAY  
SUITE #2  
FLEMING ISLAND, FL 32003 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: DR. JOSEPH MUSA

04/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MUSA, JOSEPH A DR.  
Address: 3383 DOCTOR'S LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

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

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: DR. MARY ANN MUSA

VP

04/02/2011

Electronic Signature of Signing Officer or Director

Date