

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000081930

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** HORNBACK CHIROPRACTIC AND WELLNESS, P.A.

**Current Principal Place of Business:**

11023 GATEWOOD DRIVE  
SUITE 101  
BRADENTON, FL 34211

**New Principal Place of Business:**

**Current Mailing Address:**

11023 GATEWOOD DRIVE  
SUITE 101  
BRADENTON, FL 34211

**New Mailing Address:**

**FEI Number:** 04-3707414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASWELL, CHRIS  
240 S PINEAPPLE AVENUE, SUITE 802  
SARASOTA, FL 34236 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: DR  
Name: HORNBACK, CYNTHIA  
Address: 11023 GATEWOOD DR  
City-St-Zip: BRADENTON, FL 34211

Title: MEM  
Name: HORNBACK, CHARLES A  
Address: 11023 GATEWOOD DR  
City-St-Zip: BRADENTON, FL 4211

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: CHARLES HORNBACK

MGR

04/30/2012

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

\_\_\_\_\_  
Date