

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023293

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** ADVANCED SPINE AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

3840 COLONIAL BOULEVARD, SUITE 2  
SUITE 114  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906 US

**New Mailing Address:**

3840 COLONIAL BOULEVARD, SUITE 2  
SUITE 114  
FORT MYERS, FL 33966

**FEI Number:** 56-2318975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD  
SUITE 101  
FORT MYERS, FL 33907 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: DPST  
Name: STOLTZ, ROBERT B  
Address: 3840 COLONIAL BOULEVARD, SUITE 2  
City-St-Zip: FORT MYERS, FL 33966

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: ROBERT B. STOLTZ

DPST

04/26/2012

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

\_\_\_\_\_  
Date