

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127662

FILED
Jan 26, 2006
Secretary of State

Entity Name: CHIROPRACTIC WELLNESS CENTER, INC.

Current Principal Place of Business:

10031 N. DALE MABRY HWY
A
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10031 N DALE MABRY HWY
A
TAMPA, FL 33618

New Mailing Address:

FEI Number: 27-0023993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, YVETTE DR
10031 N. DALE MABRY HWY
A
TAMPA, FL 33618 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: P () Delete
Name: MORREALE, ELENA M DR
Address: 10031A N DALE MABRY HWY STE A
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: ROSA, YVETTE DR
Address: 10031 N DALE MABRY HWY STE A
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORREALE, ELENA M DR
Address: 10031 N DALE MABRY HWY STE A
City-St-Zip: TAMPA, FL 33618

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 ELENA M MORREALE

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date