2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

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Entity Name: ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION, P.A.

Current Principal Place of Business:

26 NORTH BEACH STREET
STE. B
ORMOND BEACH, FL 32174

New Principal Place of Business:

26 NORTH BEACH STREET
STE. B
ORMOND BEACH, FL 32174 UN

Current Mailing Address:

26 NORTH BEACH STREET
STE. B
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-0909661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACQUARO, D. A
26 NORTH BEACH STREET
STE. B
ORMOND BEACH, FL 32174 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: VPRE
Name: ACQUARO, D. A
Address: 26 NORTH BEACH STREET, STE. B
City-St-Zip: ORMOND BEACH, FL 32174

Title: PRES
Name: WAKEMAN, PETER
Address: 26 NORTH BEACH STREET, STE. B
City-St-Zip: ORMOND BEACH, FL 32174

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: PETER WAKEMAN PRES 02/20/2012

Electronic Signature of Signing Officer or Director Date