

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000092106

FILED
Dec 16, 2011
Secretary of State

Entity Name: PALM CHIROPRACTIC & WELLNESS, INC.

Current Principal Place of Business:

7042 US HIGHWAY 301 NORTH
ELLENTON, FL 342223030 US

New Principal Place of Business:

7014 US HIGHWAY 301 NORTH
ELLENTON, FL 342223030 US

Current Mailing Address:

7042 US HIGHWAY 301 NORTH
ELLENTON, FL 342223030 US

New Mailing Address:

7014 US HIGHWAY 301 NORTH
ELLENTON, FL 342223030 US

FEI Number: 20-1283660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAREST, ALEXANDRIA L
7042 US HIGHWAY 301 NORTH
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

CHAREST, ALEXANDRIA L
7014 US HIGHWAY 301 NORTH
ELLENTON, FL 34222 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: ALEXANDRIA CHAREST

12/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CHAREST, BRUCE A
Address: 7014 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34222 US

Title: V.P.
Name: CHAREST, ALEXANDRIA L
Address: 7014 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34222 US

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: ALEXANDRIA CHAREST

VP

12/16/2011

Electronic Signature of Signing Officer or Director

Date