2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P04000092455

Entity Name: BENNETT CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

6875 ESTERO BLVD
STE. A
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

6875 ESTERO BLVD
STE. A
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 20-1296291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, DR. NICOLE
6875 ESTERO BLVD, STE. A
FORT MYERS BEACH, FL 33931 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: P
Name: BENNETT, DR. NICOLE
Address: 6875 ESTERO BLVD., STE. A
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: VP
Name: BENNETT, JOHN A
Address: 8425 LAGOON RD.
City-St-Zip: FORT MYERS BEACH, FL 33931 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: NICOLE BENNETT PRES 02/23/2011

Electronic Signature of Signing Officer or Director Date