2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P04000125623

Entity Name: HEALTH CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

606 SOUTH TAMPA AVE
SUITE 4
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

10505 GALLERIA STREET
WELLINTON, FL 33414

New Mailing Address:

10505 GALLERIA STREET
WELLINGTON, FL 33414

FEI Number: 20-1574676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JEAN, WISNER
10505 GALLERIA STREET
WELLINTON, FL 33414 US

Name and Address of New Registered Agent:

JEAN, WISNER
10505 GALLERIA STREET
WELLINGTON, FL 33414 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: WISNER JEAN, DC 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JEAN, WISNER
Address: 10505 GALLERIA STREET
City-St-Zip: WELLINTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JEAN, WISNER
Address: 10505 GALLERIA STREET
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: WISNER JEAN, DC P 04/28/2008
Electronic Signature of Signing Officer or Director Date