

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137838

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: HEALTHY LIVING CHIROPRACTIC WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

6998 N US HWY 27 SUITE 110  
STE. 110  
OCALA, FL 34482

**New Principal Place of Business:**

6998 N US HWY 27 SUITE 110  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 57-1213255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTA, PEDRO  
6998 N US HWY 27 SUITE 110  
STE. 110  
OCALA, FL 34482 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: BD ( ) Delete  
Name: ORTA, PEDRO  
Address: 6998 N US HWY 27 SUITE 110  
City-St-Zip: OCALA, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DR PEDRO ORTA

BD

04/24/2007

Electronic Signature of Signing Officer or Director

Date