

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156765

FILED
Jan 20, 2009
Secretary of State

Entity Name: BRONSON FAMILY CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

445 STATE RD 13
STE 9
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

445 STATE RD 13
STE 9
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-1933434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSON, LESLIE
124 LA MESA DRIVE
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

BRONSON, LESLIE
802 GINGER MILL DRIVE
SAINT JOHNS, FL 32259 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: LESLIE A. BRONSON

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRONSON, LESLIE A
Address: 124 LA MES DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: S () Delete
Name: BRONSON, LESLIE A
Address: 124 LA MESA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRONSON, LESLIE A
Address: 802 GINGER MILL DRIVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: S (X) Change () Addition
Name: BRONSON, LESLIE A
Address: 802 GINGER MILL DRIVE
City-St-Zip: SAINT JOHNS, FL 32259

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: LESLIE A. BRONSON

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date