2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P05000058969

Entity Name: NORTH FLORIDA CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1441 N OHIO AVE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

1441 N OHIO AVE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 80-0138574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, MICHAEL W
1441 N OHIO AVE.
LIVE OAK, FL 32064 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: PVST
Name: WOOD, MICHAEL W
Address: 1441 N OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

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: MICHAEL WAYNE WOOD OWNE 04/22/2011

Electronic Signature of Signing Officer or Director Date