

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000073715

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** VITAL CHIROPRACTIC WELLNESS CENTER P.A.

**Current Principal Place of Business:**

886 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

1605 NW FEDERAL HWY  
STUART, FL 34994 US

**Current Mailing Address:**

886 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**New Mailing Address:**

PO BOX 2329  
JENSEN BEACH, FL 34958 US

**FEI Number:** 56-2515350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUKEYSER, DANIEL A  
886 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

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

RUKEYSER, DANIEL A  
1605 NW FEDERAL HWY  
STUART, FL 34994 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: DANIEL A. RUKEYSER, D.C.

01/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUKEYSER, DANIEL A  
Address: 1605 NW FEDRERAL HWY  
City-St-Zip: STUART, FL 34994 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: DANIEL A. RUKEYSER, D.C.

P

01/13/2010

Electronic Signature of Signing Officer or Director

Date