

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091393

**FILED**  
**Mar 23, 2006**  
**Secretary of State**

**Entity Name:** MILLER CHIROPRACTIC AND WELLNESS INC

**Current Principal Place of Business:**

1228 66TH STREET NORTH  
SAINT PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

1228 66TH STREET NORTH  
SAINT PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number: 20-3106638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, JASON D DR.  
6907 STONES THROW CIRCLE NORTH  
2104  
SAINT PETERSBURG, FL 33710 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: P ( ) Delete  
Name: JASON, MILLER D DR.  
Address: 6907 STONES THROW CIRCLE NORTH #2104  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

**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 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: JASON D. MILLER

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03/23/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date