

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091393

FILED
Feb 17, 2011
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

OFFICERS AND DIRECTORS:

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

DR

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date