2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# P05000135026

Entity Name: ACCIDENT CARE & WELLNESS CHIROPRACTIC CLINIC SAN JOSE, INC

Current Principal Place of Business:

9315 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

9307 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Current Mailing Address:

9315 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

New Mailing Address:

9307 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

FEI Number: 20-3557470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, VIPUL R
9315 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

PATEL, VIPUL R
9307 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: VIPUL R PATEL 03/20/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PATEL, VIPUL R
Address: 9307 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPD
Name: ALBERT, GEORGE L
Address: 9307 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S/TD
Name: STEVE, DAVID A
Address: 9307 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 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: VIPUL R PATEL PD 03/20/2012
Electronic Signature of Signing Officer or Director Date