

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161122

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** NATURAL SOLUTIONS CHIROPRACTIC, INC.

**Current Principal Place of Business:**

2883 EXECUTIVE PARK DR STE 102  
WESTON, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

2883 EXCECUTIVE PARK DR STE 102  
WESTON, FL 33331

**New Mailing Address:**

2883 EXCECUTIVE PARK DR STE 102  
WESTON, FL 33331 US

**FEI Number:** 20-3909183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RENSLOW, BRETT R DR.  
828 VANDA TERRACE  
WESTON, FL 33327 US

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

SILVAS FINANCIAL SERVICES, L.L.C.  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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:** MARTIN AZAMBUYA

03/05/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RENSLOW, BRETT R DR.  
**Address:** 1415 ST. GABRIELLE LN. #3706  
**City-St-Zip:** WESTON, FL 33326

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:** BRETT RENSLOW

P

03/05/2010

Electronic Signature of Signing Officer or Director

Date