

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011158

FILED
Apr 25, 2007
Secretary of State

Entity Name: WELLNESS CHIROPRACTIC ASSOCIATES, P.A.

Current Principal Place of Business:

845 NORTH GARLAND AVE
ORLANDO, FL 32801

New Principal Place of Business:

845 NORTH GARLAND AVE
100
ORLANDO, FL 32801

Current Mailing Address:

845 NORTH GARLAND AVE
ORLANDO, FL 32801

New Mailing Address:

845 NORTH GARLAND AVE
100
ORLANDO, FL 32801

FEI Number: 20-4185694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, H. DENNIS
845 NORTH GARLAND AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HARRISON, H. DENNIS
845 NORTH GARLAND AVE
100
ORLANDO, FL 32801 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: H DENNIS HARRISON

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRISON, H. DENNIS
Address: 845 NORTH GARLAND AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRISON, H. DENNIS
Address: 845 NORTH GARLAND AVE, SUITE 100
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify 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: H DENNIS HARRISON

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date