

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000087358

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** GUN CLUB CHIROPRACTIC CENTER, INC

**Current Principal Place of Business:**

4645 GUN CLUB RD.  
SUITE#13  
WPB, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

4645 GUN CLUB RD.  
SUITE#13  
WPB, FL 33415 US

**New Mailing Address:**

123 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432 US

**FEI Number:** 20-5166322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WENZEL, IRA DR.  
4645 GUN CLUB RD  
STE#13  
WPB, FL 33415 US

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

WENZEL, IRA DR.  
123 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432 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:

02/11/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WENZEL, IRA DR.  
Address: 123 E. PALMETTO PARK RD..  
City-St-Zip: BOCA RATON, FL 33432 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: DR. IRA WENZEL

P

02/11/2010

Electronic Signature of Signing Officer or Director

Date