## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000088600

Entity Name: CHIROPRACTIC HEALTH & WELLNESS CENTER, INC.

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2418 MILLCREEK CT. SUITE 3

TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

2418 MILLCREEK CT. SUITE 3 TALLAHASSEE, FL 32308

FEI Number: 20-5148973 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BERNSTEIN, MARK 5001 S. UNIVERSITY DR., #K DAVIE, FL 33328 US SMITH, PATRICK PRES 2418 MILLCREEK CT SUITE 3 TALLAHASSEE, FL 32308 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: PATRICK SMITH, DC 02/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition

 Name:
 SMITH, PATRICK DR.
 Name:
 SMITH, PATRICK DR.

 Address:
 4122 S.W. 61ST AVENUE
 Address:
 2418 MILLCREEK CT SUITE 3

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:
 TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK SMITH, DC PRES 02/05/2007