2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P06000133835

Entity Name: FAMILY CHIROPRACTIC CENTER FOR WELLNESS,INC

Current Principal Place of Business:

9206 STATE ROAD 52
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

9206 STATE ROAD 52
HUDSON, FL 34669

New Mailing Address:

FEI Number: 76-0839912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAHMER, BRIAN K D.C.
9206 STATE ROAD 52
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAHMER, BRIAN K D.C.
Address: 9340 SOUTHERN CHARM CIRCLE
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP
Name: DAHMER, MARIE C
Address: 9340 SOUTHERN CHARM CIRCLE
City-St-Zip: BROOKSVILLE, FL 34613

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: BRIAN DAHMER DR 04/21/2011

Electronic Signature of Signing Officer or Director Date