# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 29, 2009**
**Secretary of State**

DOCUMENT# P07000030363

**Entity Name:** HEALTH CONCEPTS CHIROPRACTIC WELLNESS CENTER INC

**Current Principal Place of Business:**

1250 PINESAGE CIRCLE
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

951 SW 4TH AVE
BOCA RATON, FL 33432

**New Mailing Address:**

1250 PINESAGE CIRCLE
WEST PALM BEACH, FL 33409

**FEI Number: 20-8599678** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BLAKESBERG, WILLIAM J
951 SW 4TH AVE
BOCA RATON, FL 33432 US

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

CRAME, CONNIE
916 COTTON BAY DRIVE EAST
APT 2102
WEST PALM BEACH, FL 33406 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: CONNIE CRAME 05/29/2009
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LIEBERMAN, ROBERT
Address: 1250 PINESAGE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT MARK LIEBERMAN PRES 05/29/2009
Electronic Signature of Signing Officer or Director Date