

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000102958

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** CHIROCARE WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1601 PARK CENTER DRIVE UNIT 7  
ORLANDO, FL 32835

**New Principal Place of Business:**

1601 PARK CENTER DRIVE  
UNIT 7  
ORLANDO, FL 32835

**Current Mailing Address:**

1601 PARK CENTER DRIVE UNIT 7  
ORLANDO, FL 32835

**New Mailing Address:**

1601 PARK CENTER DRIVE  
UNIT 7  
ORLANDO, FL 32835

**FEI Number:** 56-2676248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTHONY, CORETTA S  
ANTHONY-SMITH LAW PA  
6000 METROWEST BLVD SUITE 203  
ORLANDO, FL 32835 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: DPST  
Name: WILLIAMS, NATESHIA DC  
Address: 1601 PARK CENTER DRIVE UNIT 7  
City-St-Zip: ORLANDO, FL 32835

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: NATESHIA L. WILLIAMS, D.C.

DPST

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date