

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132974

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DR NICK WASLYN, DC, P.A.

**Current Principal Place of Business:**

4406 SOUTH FLORIDA AVE.  
SUITE 25  
LAKE LAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4406 SOUTH FLORIDA AVE.  
SUITE 25  
LAKE LAND, FL 33813

**New Mailing Address:**

**FEI Number:** 51-0659890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASLYN, NICK  
6670 CHADRON CT.  
LAKE LAND, FL 33813 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: PS  
Name: WASLYN, NICK  
Address: 6670 CHADRON CT.  
City-St-Zip: LAKE LAND, FL 33813

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: NICK WASLYN

PRES

04/30/2012

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

\_\_\_\_\_  
Date