

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024471

FILED
Jan 30, 2012
Secretary of State

Entity Name: ALL CARE CHIROPRACTIC & WELLNESS CENTER INC.

Current Principal Place of Business:

505 DELTONA BLVD, STE 103
DELTONA, FL 32725

New Principal Place of Business:

505 DELTONA BLVD, STE 103
DELTONA, FL 32725 UN

Current Mailing Address:

807 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 26-2028818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASSILAKIS, HARRY
505 DELTONA BLVD.
SUITE #103
DELTONA, FL 32725 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: CEO
Name: VASSILAKIS, HARRY
Address: 505 DELTONA BLVD, STE 103
City-St-Zip: DELTONA, FL 32725

Title: VT
Name: LEOTTA, SEAN
Address: 505 DELTONA BLVD, STE 103
City-St-Zip: DELTONA, FL 32725

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: HARRY VASSILAKIS

CEO

01/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date