

# **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