

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042892

FILED
Mar 07, 2011
Secretary of State

Entity Name: HEALTH AND WELLNESS CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

852-35 SAXON BOULEVARD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1880 TWIN OAK ST.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-2530736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JENNIFER
852-35 SAXON BOULEVARD
ORANGE CITY, FL 32763 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: SMITH, JENNIFER
Address: 852-35 SAXON BOULEVARD
City-St-Zip: ORANGE CITY, FL 32763

Title: VP
Name: SPIROFF, JAMES C
Address: 1880 TWIN OAK ST.
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: JENNIFER SMITH

CEO

03/07/2011

Electronic Signature of Signing Officer or Director

Date