2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P08000051498

Entity Name: BOURNE FAMILY CHIROPRACTIC AND WELLNESS CENTER INC

Current Principal Place of Business:

2425 S VOLUSIA AVE
B-2
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

2425 S VOLUSIA AVE
B-2
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 26-2665847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURNE, ASHLEY
2425 S VOLUSIA AVE
B-2
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: P, T
Name: BOURNE, ASHLEY
Address: 770 HELEN AVE
City-St-Zip: DELAND, FL 32763 US

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: ASHLEY S. BOURNE, D.C. P,T 05/01/2011

Electronic Signature of Signing Officer or Director Date