2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P08000056904

Entity Name: WELLNESS CHIROPRACTIC CARE CENTER, INC

Current Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL
102
ORLANDO, FL 32837

New Principal Place of Business:

805 S. KIRKMAN RD
207
ORLANDO, FL 32811

Current Mailing Address:

9521 S. ORANGE BLOSSOM TRAIL
102
ORLANDO, FL 32837

New Mailing Address:

805 S.KIRKMAN RD
207
ORLANDO, FL 82811

FEI Number: 26-2783881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOISE, PIERRE C
9521 S. ORANGE BLOSSOM TRAIL
102
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MOISE, PIERRE C
805 S. KIRKMAN RD
207
ORLANDO, FL 32811 US

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: PIERRE CHARLES MOISE 02/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKENZIE, JUDITH C
Address: 2012 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH MCKENZIE P 02/02/2009
Electronic Signature of Signing Officer or Director Date