

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056904

FILED
May 10, 2011
Secretary of State

Entity Name: WELLNESS CHIROPRACTIC CARE CENTER, INC

Current Principal Place of Business:

805 S. KIRKMAN RD
207
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 618132
ORLANDO, FL 32861

New Mailing Address:

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
805 S. KIRKMAN RD
207
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MCKENZIE, JUDITH 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: JUDITH MCKENZIE

05/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: JUDITH MCKENZIE

P

05/10/2011

Electronic Signature of Signing Officer or Director

Date