

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000018674

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** LAKAY CHIROPRACTIC AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

13263 NW 7TH AVENUE  
NORTH MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

13263 NW 7TH AVENUE  
NORTH MIAMI, FL 33168

**New Mailing Address:**

P.O. BOX 246025  
PEMBROKE PINES, FL 33024

**FEI Number:** 26-3869894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILWIT, NEIL  
200 SW 27TH AVE., #208  
FT. LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

GILWIT, NEIL  
13263 NW 7TH AVENUE  
N MIAMI, FL 33168 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILWIT, NEIL  
Address: 13263 NW 7TH AVENUE  
City-St-Zip: N MIAMI, FL 33168

Title: CTD  
Name: DESPINOSSE, BERNARD B  
Address: 701 AZALEA COURT  
City-St-Zip: PLANTATION, FL 33317

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: NEIL GILWIT

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date