

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047998

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** WISE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3614 WEDGEWOOD LN.  
THE VILLAGES, FL 32162 US

**New Principal Place of Business:**

17941 US HIGHWAY 441  
MOUNT DORA, FL 32757 US

**Current Mailing Address:**

32600 VIEW HAVEN LANE  
SORRENTO, FL 32776 US

**New Mailing Address:**

**FEI Number:** 27-0266855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHIPLEY LAW FIRM  
131 WATERMAN AVENUE  
MOUNT DORA, FL 32757 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:** PSD  
**Name:** WISE, JONATHAN C  
**Address:** 17941 US HIGHWAY 441  
**City-St-Zip:** MOUNT DORA, FL 32757 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: JONATHAN C. WISE

PSD

01/06/2012

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

\_\_\_\_\_  
Date