

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000050249

FILED
Apr 20, 2011
Secretary of State

Entity Name: NORTH BROWARD CHIROPRACTIC & WELLNESS CENTER, INC

Current Principal Place of Business:

6544 NORTH STATE ROAD 7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

10149 WHITE WATER LILY WAY
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 27-0350182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARPF, SHAI
10149 WHITE WATER LILY WAY
BOYNTON BEACH, FL 33437 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
Name: KARPF, SHAI
Address: 10149 WHITE WATER LILY WAY
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP
Name: KARPF, RACHEL
Address: 10149 WHITE WATER LILY WAY
City-St-Zip: BOYNTON BEACH, FL 33437 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: SHAI KARPF, D.C.

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date