

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000077345

**FILED**  
**Sep 05, 2012**  
**Secretary of State**

**Entity Name:** METRO CHIROPRACTIC & WELLNESS P.A.

**Current Principal Place of Business:**

5728 MAJOR BLVD, STE 600  
ORLANDO, FL 32819

**New Principal Place of Business:**

5979 VINELAND RD, STE 301  
ORLANDO, FL 32819

**Current Mailing Address:**

5728 MAJOR BLVD, STE 600  
ORLANDO, FL 32819

**New Mailing Address:**

5979 VINELAND RD, STE 301  
ORLANDO, FL 32819

**FEI Number:** 27-0942234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREYDINGER, DAVID  
5728 MAJOR BLVD, STE 600  
ORLANDO, FL 32819 US

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

GREYDINGER, DAVID  
5979 VINELAND RD, STE 301  
ORLANDO, FL 32819 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: DAVID GREYDINGER

09/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GREYDINGER, DAVID  
Address: 5979 VINELAND RD, STE 301  
City-St-Zip: ORLANDO, FL 32819

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: DAVID GREYDINGER

P

09/05/2012

Electronic Signature of Signing Officer or Director

Date