

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031747

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** REGENT CHIROPRACTIC CENTER, INC

**Current Principal Place of Business:**

4525 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Principal Place of Business:**

606 SOUTH TAMPA AVE  
5  
ORLANDO, FL 32805

**Current Mailing Address:**

10505 GALLERIA ST.  
WELLINGTON, FL 33414

**New Mailing Address:**

606 SOUTH TAMPA AVE  
5  
ORLANDO, FL 32805

**FEI Number:** 01-0959549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JEAN, WISNER  
606 SOUTH TAMPA AVE  
4  
ORLANDO, FL 32805 US

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

JEAN, WISNER DC  
606 SOUTH TAMPA AVE  
5  
ORLANDO, FL 32805 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: WISNER JEAN, DC

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: JEAN, WISNER DC  
Address: 606 SOUTH TAMPA AVE  
City-St-Zip: 5, FL 32805

Title: VP  
Name: JUSTINE, DHAITI  
Address: 606 SOUTH TAMPA AVE  
City-St-Zip: ORLANDO, FL 32805

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: WISNER JEAN, DC

CEO

04/11/2012

Electronic Signature of Signing Officer or Director

Date