2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P10000066714

Entity Name: EDGEWATER CHIROPRACTIC INC

Current Principal Place of Business:

6239 EDGEWATER DR
SUITE D15
LOCKHART, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

6239 EDGEWATER DR
SUITE D15
LOCKHART, FL 32810 US

New Mailing Address:

FEI Number: 27-3246212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAMMED, SHAM
6239 EDGEWATER DR
SUITE D15
LOCKHART, FL 32810 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: MOHAMMED, SHAM
Address: 6239 EDGEWATER DR STE D15
City-St-Zip: LOCKHART, FL 32810 US

Title: VP
Name: MOHAMMED, SHAM
Address: 6239 EDGEWATER DR STE D15
City-St-Zip: LOCKHART, FL 32810 US

Title: SEC
Name: MOHAMMED, SHAM
Address: 6239 EDGEWATER DR STE D15
City-St-Zip: LOCKHART, FL 32810 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: SHAM MOHAMMED P 04/26/2011

Electronic Signature of Signing Officer or Director Date