

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073947

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** WOELTJEN CHIROPRACTIC INC.

**Current Principal Place of Business:**

1633 NORHT HIATUS ROAD  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

1633 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1633 NORHT HIATUS ROAD  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

1633 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026

**FEI Number:** 27-3425716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOELTJEN, DONALD  
1633 NORHT HIATUS ROAD  
PEMBROKE PINES, FL 33026 US

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

WOELTJEN, DONALD H D.C.  
1633 NORHT HIATUS ROAD  
PEMBROKE PINES, FL 33026 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: DONALD H. WOELTJEN, D.C.

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOELTJEN, DONALD H D.C.  
Address: 1633 NORTH HIATUS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33026

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: DONALD H. WOELTJEN, D.C.

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date