

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085539

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MANATEE WELLNESS & CHIROPRACTIC CENTERS, INC.

**Current Principal Place of Business:**

8788 EAST STATE ROAD 70  
SUITE 101  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8788 EAST STATE ROAD 70  
SUITE 101  
BRADENTON, FL 34202

**New Mailing Address:**

**FEI Number:** 27-3726732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAIM, CHRIS J  
16927 WATERLINE ROAD  
BRADENTON, FL 34212 US

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

MITCHELL, SAMUEL J  
8788 EAST STATE ROAD 70  
SUITE 101  
BRADENTON, FL 34202 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: SAMUEL J. MITCHELL

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: MITCHELL, SAMUEL J  
Address: 8788 EAST STATE ROAD 70, SUITE 101  
City-St-Zip: BRADENTON, FL 34202

Title: VP,S  
Name: MITCHELL, AMANDA J  
Address: 8788 EAST STATE ROAD 70, SUITE 101  
City-St-Zip: BRADENTON, FL 34202

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: SAMUEL J. MITCHELL

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date