

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000106961

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** CHIROPRACTIC REHAB & WELLNESS CENTER, INC

**Current Principal Place of Business:**

804 US HIGHWAY 1  
SUITE 6  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

804 US HWY 1  
SUITE 6  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 45-3824492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, BRETT T DC  
804 US HWY 1  
SUITE 6  
LAKE PARK, FL 33403 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: ALLEN, BRETT T DC  
Address: 804 US HWY 1, SUITE 6  
City-St-Zip: LAKE PARK, FL 33403

Title: MGR  
Name: LEGER, YVROSE  
Address: 4830 GLADIATOR CIRCLE  
City-St-Zip: GREENACRES, FL 33461

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: BRETT ALLEN

M

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date