

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000458

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** FT. MYERS CHIROPRACTIC AND NUTRITION CENTER, INC.

**Current Principal Place of Business:**

1429 COLONIAL BLVD  
SUITE 101  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1429 COLONIAL BLVD  
STE. 101  
FT MYERS, FL 33907

**New Mailing Address:**

1429 COLONIAL BLVD  
SUITE 101  
FT MYERS, FL 33907

**FEI Number:** 65-0716125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, BRADLEY W  
15860 KNIGHTSBRIDGE CT  
FORT MYERS, FL 33908 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PRICE, BRADLEY W  
**Address:** 15860 KNIGHTSBRIDGE CT  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** T  
**Name:** CAROL Z PRICE  
**Address:** 15860 KNIGHTSBRIDGE CT  
**City-St-Zip:** FORT MYERS, FL 33908

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:** CAROL Z PRICE

T

04/27/2010

Electronic Signature of Signing Officer or Director

Date