2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WALDRON CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

13 RYANT BLVD.
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3679
SEBRING, FL 33871 US

New Mailing Address:

PO BOX 3679
SEBRING, FL 33871 US

FEI Number: 65-0785694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDRON, D. KEATLEY
4015 STILES LANE
SEBRING, FL 33875 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: PD
Name: WALDRON, D. KEATLEY
Address: 4015 STILES LANE
City-St-Zip: SEBRING, FL 33875 US

Title: T
Name: WALDRON, KIMBERLEE
Address: 4015 STILES LANE
City-St-Zip: SEBRING, FL 33875 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: D. KEATLEY WALDRON P 04/07/2012

Electronic Signature of Signing Officer or Director Date