

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069325

FILED
Apr 29, 2011
Secretary of State

Entity Name: HEALTHY SOLUTIONS CHIROPRACTIC AND WELLNESS CENTER, P.A.

Current Principal Place of Business:

223 WOOD ST.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

223 WOOD ST.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0855299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATLIFF, LEVIN
223 WOOD STREET
PUNTA GORDA, FL 33950 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: RATLIFF, LEVIN
Address: 3386 DOVER DR.
City-St-Zip: PUNTA GORDA, FL 33983

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: LEVIN RATLIFF

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date