

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095195

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

**Current Principal Place of Business:**

1405 SW 107TH AVE  
SUITE 217 C  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

1405 SW 107TH AVE  
SUITE 217 C  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-0874905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANCO, OLIVIO O JR  
1405 SW 107TH AVE  
SUITE 217C  
MIAMI, FL 33174 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: PTD ( ) Delete  
Name: BLANCO, OLIVIO O JR  
Address: 1405 SW 107TH AVE  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLIVIO BLANCO JR

PRES

04/29/2009

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

\_\_\_\_\_  
Date