2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003
Secretary of State

DOCUMENT# P98000095195

Entity Name: WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

Current Principal Place of Business:

654 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

654 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

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
654 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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: 654 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024

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 for the exemption stated in Section 119.07(3)(i), 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 PTD 09/10/2003

Electronic Signature of Signing Officer or Director Date