

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000969

FILED  
Mar 18, 2005  
Secretary of State

Entity Name: BACK TO WELLNESS CHIROPRACTIC, INC.

## Current Principal Place of Business:

101 EVANS STREET  
BRANDON, FL 33510

## New Principal Place of Business:

409 W. BLOOMINGDALE AVE.  
BRANDON, FL 33511

## Current Mailing Address:

101 EVANS STREET  
BRANDON, FL 33510

## New Mailing Address:

409 W. BLOOMINGDALE AVE.  
BRANDON, FL 33511

FEI Number: 59-3549220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, R. KEVIN  
101 EVANS STREET  
BRANDON, FL 33510 US

## Name and Address of New Registered Agent:

VALDES, R. KEVIN  
409 W. BLOOMINGDALE AVE.  
BRANDON, FL 33511 US

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: R. KEVIN VALDES

03/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALDES, R. KEVIN  
Address: 101 EVANS STREET  
City-St-Zip: BRANDON, FL 33510

Title: VSTD ( ) Delete  
Name: MILLER-VALDES, MICHELE  
Address: 101 EVANS STREET  
City-St-Zip: BRANDON, FL 33510

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALDES, R. KEVIN  
Address: 409 W. BLOOMINGDALE AVE.  
City-St-Zip: BRANDON, FL 33511

Title: VSTD (X) Change ( ) Addition  
Name: MILLER-VALDES, MICHELE  
Address: 409 W. BLOOMINGDALE AVE.  
City-St-Zip: BRANDON, FL 33511

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: MICHELE MILLER-VALDES

VSTD

03/18/2005

Electronic Signature of Signing Officer or Director

Date