2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2015
Secretary of State
CC9259536282

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Entity Name: DELRAY COUNSELING & WELLNESS CENTER INC.

Current Principal Place of Business:

2915 S FEDERAL HIGHWAY
D4
DELRAY BEACH, FL 33483

Current Mailing Address:

2915 S FEDERAL HIGHWAY
D4
DELRAY BEACH, FL 33483 US

FEI Number: 45-5668488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JASPER, NICOLE DR.
2915 S FEDERAL HIGHWAY
D4
DELRAY BEACH, FL 33483 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	DELRAY CHIROPRACTIC CENTER INC.
Address	2915 S FEDERAL HIGHWAY SUITE# D4
City-State-Zip:	DELRAY BEACH FL 33483

Title	VP
Name	JASPER, BERNADETTE
Address	436 SW 4TH AVE
City-State-Zip:	BOYNTON BEACH FL 33435

Title	CFO
Name	JASPER, SHARON
Address	655 SOUTH RD
City-State-Zip:	BOYNTON BEACH FL 33435

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: NICOLE JASPER OWNER 04/24/2015

Electronic Signature of Signing Officer/Director Detail — Date