2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P06000080727

Entity Name: PARDAVE CHIROPRACTIC, P.A.

Current Principal Place of Business:

2000 ISLAND BLVD, APT #301
AVENTURA, FL 33160

New Principal Place of Business:

20754 W. DIXIE HWY
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2000 ISLAND BLVD, APT #301
AVENTURA, FL 33160

New Mailing Address:

2000 ISLAND BLVD
301
AVENTURA, FL 33160

FEI Number: 20-5057919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARDAVE JR, JULIO E
2000 ISLAND BLVD, APT #301
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

PARDAVE JR, JULIO E
2000 ISLAND BLVD
301
AVENTURA, FL 33160 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: 04/16/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARDAVE JR, JULIO E
Address: 2000 ISLAND BLVD, APT #301
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARDAVE JR, JULIO E DR
Address: 2000 ISLAND BLVD, APT #301
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIO PARDAVE JR P 04/16/2007
Electronic Signature of Signing Officer or Director — Date