2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

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Entity Name: CHIROPRACTIC CLINICS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

12550 BISCAYNE BOULEVARD
404
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BOULEVARD
404
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309 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

OFFICERS AND DIRECTORS:

Title: D
Name: WEINSTEIN, GARRETT R
Address: 10865 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: ZUSMER, DEAN M
Address: 536 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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: DEAN ZUSMER, DC D 02/02/2012

Electronic Signature of Signing Officer or Director — Date