2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2013
Secretary of State
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Entity Name: SHAFER CHIROPRACTIC CLINIC, INC

Current Principal Place of Business:

2253 PARK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2253 PARK STREET
JACKSONVILLE, FL 32204 US

FEI Number: 87-0791900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAFER, ERICH E
2253 PARK STREET
JACKSONVILLE, FL 32204 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	SHAFER, ERICH E
Address	2253 PARK STREET
City-State-Zip:	JACKSONVILLE FL 32204

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: ERICH E SHAFER PRESIDENT 04/09/2013

Electronic Signature of Signing Officer/Director Detail — Date