2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2014
Secretary of State
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Entity Name: COASTAL CHIROPRACTIC BILLING, INC.

Current Principal Place of Business:

3455 POINCIANA ST.
NAPLES, FL 34105

Current Mailing Address:

3455 POINCIANA ST.
NAPLES, FL 34105

FEI Number: 26-2801935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARTORI, KELLEY
3455 POINCIANA ST.
NAPLES, FL 34105 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	PD	Title	VD
Name	SARTORI, KELLEY	Name	SARTORI, ANTHONY JR.
Address	3455 POINCIANA ST.	Address	3455 POINCIANA ST.
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105

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: KELLEY SARTORI PD 02/19/2014

Electronic Signature of Signing Officer/Director Detail — Date