2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# 574751

Entity Name: SPIEGEL CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

121 NORTH FRANKLIN STREET
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

121 NORTH FRANKLIN STREET
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-1833504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL, JAMES R.
121 NORTH FRANKLIN STREET
SEBRING, FL 33870 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: P
Name: SPIEGEL, JAMES R
Address: 1881 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: VP
Name: SPIEGEL, O ARNOLD
Address: 1100 HOTIYEE AVE
City-St-Zip: SEBRING, FL 33870

Title: T
Name: SPIEGEL, GLOA
Address: 1100 HOTIYEE AVE
City-St-Zip: SEBRING, FL 33870

Title: S
Name: SPIEGEL, PENNY A
Address: 1881 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

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: JAMES R SPIEGEL P 03/21/2011

Electronic Signature of Signing Officer or Director — Date