2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 604464

Entity Name: WEBB CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 349522274

New Principal Place of Business:

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 349522274

New Mailing Address:

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34952 US

FEI Number: 59-1483162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, JACK
787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 349522274 US

Name and Address of New Registered Agent:

WEBB, JACK
787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34952 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: _____ 04/10/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEBB, JACK
Address: 787 E. PRIMA VISTA BLVD
City-St-Zip: PT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WEBB, JACK
Address: 787 E. PRIMA VISTA BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify 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: JACK WEBB PD 04/10/2009
Electronic Signature of Signing Officer or Director — Date