2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# A02000001086

Entity Name: PROSCIA CHIROPRACTIC ASSOCIATES LIMITED PARTNERSHIP

Current Principal Place of Business:

701 BEVILLE RD.
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

701 BEVILLE RD.
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 06-1642182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

BEVILLE MANAGEMENT INC.
STACY HUDOCK PROSCIA
701 BEVILLE ROAD
SOUTH DAYTONA, FL 32119 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

GENERAL PARTNER INFORMATION:

Document #:
Name: HUDOCK PROSCIA, STACY
Address: 701 BEVILLE RD.
City-St-Zip: S. DAYTONA, FL 32119
Document #: P02000083598
Name: BEVILLE CHIROPRACTIC CONSULTANTS, INC.
Address: 701 BEVILLE RD.
City-St-Zip: S. DAYTONA, FL 32119

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: STACY HUDOCK PROSCIA DR. 05/12/2009

Electronic Signature of Signing General Partner — Date