2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# M93594

Entity Name: LAKE WORTH CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

5817 LAKEWORTH ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

5817 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

5817 LAKEWORTH ROAD
LAKE WORTH, FL 33463

New Mailing Address:

5817 LAKE WORTH ROAD
LAKE WORTH, FL 33463

FEI Number: 65-0068681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALTZMAN, RICHARD
5817 LAKEWORTH RD
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

MALTZMAN, RICHARD
5817 LAKE WORTH RD
LAKE WORTH, FL 33463 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: 01/31/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PST
Name: MALTZMAN, RICHARD
Address: 3817 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33463

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: RICHARD MALTZMAN PST 01/31/2011
Electronic Signature of Signing Officer or Director — Date