2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N00869

Entity Name: COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.

Current Principal Place of Business:

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY, FL 346913996

New Principal Place of Business:

Current Mailing Address:

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY, FL 346913996

New Mailing Address:

FEI Number: 59-2355846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARDING, DR. RANDOLPH C.
2326 US HIGHWAY 19
HOLIDAY, FL 346910996 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: PD ( ) Delete
Name: BYRON, CLARK
Address: 3105 W WATERS AVE SUITE 210
City-St-Zip: TAMPA, FL 33614

Title: STD ( ) Delete
Name: HARDING, DR. RANDOLP, H C.
Address: 2326 US HWY 19
City-St-Zip: HOLIDAY, FL

Title: DC ( ) Delete
Name: SHONTZ, MIKE
Address: 2326 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BYRON, CLARK
Address: 19212 SEA MIST LANE
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH C. HARDING STD 03/25/2009

Electronic Signature of Signing Officer or Director — Date