2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P00000032105

Entity Name: CUTLER RIDGE FAMILY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

10700 SW CARIBBEAN BLVD., STE. 206
MIAMI, FL 33189

New Principal Place of Business:

10700 SW CARIBBEAN BLVD.
206
CUTLER BAY, FL 33189

Current Mailing Address:

10700 SW CARIBBEAN BLVD., STE. 206
MIAMI, FL 33189

New Mailing Address:

10700 SW CARIBBEAN BLVD.
CUTLER BAY, FL 33189

FEI Number: 65-0530718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, GERSON P
10700 SW CARIBBEAN BLVD., STE. 206
MIAMI, FL 33189 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIAZ, GERSON P
Address: 10700 SW CARIBBEAN BLVD., STE. 206
City-St-Zip: MIAMI, FL 33189

Title: VS ( ) Delete
Name: DIAZ, CLAUDIA
Address: 10700 SW CARIBBEAN BLVD., STE. 206
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DIAZ, GERSON P
Address: 10700 SW CARIBBEAN BLVD., STE. 206
City-St-Zip: CUTLER BAY, FL 33189

Title: VS (X) Change ( ) Addition
Name: DIAZ, CLAUDIA
Address: 10700 SW CARIBBEAN BLVD., STE. 206
City-St-Zip: CUTLER BAY, FL 33189

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: GERSON P. DIAZ P 04/20/2009

Electronic Signature of Signing Officer or Director — Date