2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P00000070470

Entity Name: ABACOA TOWN CENTER CHIROPRACTIC, INC.

Current Principal Place of Business:

500 UNIVERSITY BLVD
SUITE 211
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

500 UNIVERSITY BLVD
SUITE 211
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-1027248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOSHUA K
112 CASA GRANDE COURT
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

SMITH, JOSHUA K
14063 PORT CIRCLE
PALM BEACH GARDENS, FL 33410 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: 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, JOSHUA K
Address: 112 CASA GRANDE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, JOSHUA K
Address: 14063 PORT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: JOSHUA K SMITH P 03/25/2009
Electronic Signature of Signing Officer or Director — Date