2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104646

Entity Name: D. & S. CHIRO REHAB CENTER, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5825 COLLINS AVE 6555 NW 36 ST

8-H 118

MIAMI BEACH, FL 33166 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

5825 COLLINS AVE 6555 NW 36 ST

MIAMI, FL 33166 MIAMI, FL 33166

VIIAIVII, FL 33100 IVIIAIVII, FL 3310

FEI Number: 65-1054780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTEAGUDO, DELFI 5825 COLLINS AVE 8-H MONTEAGUDO, DELFI 6555 NW 36 ST

MIAMI BEACH, FL 33140 US 118 MIAMI, FL 33166 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: DELFI MONTEAGUDO 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT () Delete Title: PSTD (X) Change () Addition

 Name:
 MONTEAGUDO, DELFI
 Name:
 MONTEAGUDO, DELFI

 Address:
 5825 COLLLINS AVE #8-H
 Address:
 6555 NW 36 ST 118

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI, FL 33166

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: DELFI MONTEAGUDO P 03/19/2009