2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P01000037626

Entity Name: JACHIMEK CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

5111 EHRLICH RD.
SUITE 128
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

5111 EHRLICH RD.
SUITE 128
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3721292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACHIMEK, RICHARD H
4409 KETTLE CREEK COURT
SUITE 128
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

JACHIMEK, RICHARD H
4409 KETTLE CREEK COURT
TAMPA, FL 33624 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: 01/05/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: JACHIMEK, RICHARD H
Address: 5111 EHRLICH ROAD / SUITE 128
City-St-Zip: TAMPA, FL 33624 US

Title: DR.
Name: JACHIMEK, GAIL C
Address: 5111 EHRLICH ROAD / SUITE 128
City-St-Zip: TAMPA, FL 33624 US

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 H. JACHIMEK DR 01/05/2011

Electronic Signature of Signing Officer or Director — Date