2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: LONG CHIROPRACITC & REHAB CENTER, INC.

Current Principal Place of Business:

4282 W. LINEBAUGH AVE.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4282 W. LINEBAUGH AVE.
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3734662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALESTRA-LONG, LISA DC
4282 W. LINEBAUGH AVE.
TAMPA, FL 33624 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: PT
Name: PALESTRA-LONG, LISA
Address: 4282 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 33624

Title: VS
Name: PALESTRA, DEAN
Address: 4282 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33624

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: DEAN PALESTRA VP 01/08/2011

Electronic Signature of Signing Officer or Director — Date