2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2012
Secretary of State

DOCUMENT# P02000012380

Entity Name: WEST FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

7328 WEST UNIVERSITY AVENUE
SUITE C
GAINESVILLE, FL 32607

New Principal Place of Business:

5010 W. NEWBERRY RD.
SUITE D
GAINESVILLE, FL 32607 UN

Current Mailing Address:

7328 WEST UNIVERSITY AVENUE
SUITE C
GAINESVILLE, FL 32607

New Mailing Address:

5010 W. NEWBERRY RD.
SUITE D
GAINESVILLE, FL 32607 UN

FEI Number: 01-0643315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD
Name: WEST, DAVID R DC
Address: 5010 W. NEWBERRY RD., SUITE D
City-St-Zip: GAINESVILLE, FL 32607 UN

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: DAVID WEST DR. 06/18/2012

Electronic Signature of Signing Officer or Director — Date