2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P02000086957

Entity Name: LOGAN FAMILY CHIROPRACTIC PA

Current Principal Place of Business:

3400 BEE RIDGE RD
STE 100
SARASOTA, FL 34239

New Principal Place of Business:

5560 BEE RIDGE RD
STE 7
SARASOTA, FL 34233

Current Mailing Address:

3400 BEE RIDGE RD
STE 100
SARASOTA, FL 34239

New Mailing Address:

5560 BEE RIDGE RD
STE 7
SARASOTA, FL 34233

FEI Number: 51-0422849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGAN, GREGORY
3400 BEE RIDGE RD
SUITE 100
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

LOGAN, GREGORY
5560 BEE RIDGE RD
SUITE 7
SARASOTA, FL 34233 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: 03/17/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DTD ( ) Delete
Name: LOGAN, GREGORY B
Address: 7832 CREST HAMMOCK WAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DR. GREGORY LOGAN OWNE 03/17/2009
Electronic Signature of Signing Officer or Director — Date