2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2006
Secretary of State

DOCUMENT# P02000103350

Entity Name: HEALTH SOURCE CHIROPRACTIC, INC.

Current Principal Place of Business:

3970 TAMPA ROAD, SUITE G
OLDSMAR, FL 34677

New Principal Place of Business:

3974 TAMPA ROAD, SUITE B
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 1285
OLDSMAR, FL 34677

New Mailing Address:

3974 TAMPA ROAD, SUITE B
OLDSMAR, FL 34677

FEI Number: 33-1024539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, JEFF L ESQ.
MYERS & BUTTACI, LLC
4175 EAST BAY DRIVE SUITE 209
CLEARWATER, FL 33764 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTD ( ) Delete
Name: MAGNANO, DAVID C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

Title: DS ( ) Delete
Name: MAGNANO, MAGNANO C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTD (X) Change ( ) Addition
Name: MAGNANO, DAVID C
Address: 3974 TAMPA ROAD, SUITE B
City-St-Zip: OLDSMAR, FL 34677

Title: DS (X) Change ( ) Addition
Name: MAGNANO, MAGNANO C
Address: 3974 TAMPA ROAD, SUITE B
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C. MAGNANO PRES 05/06/2006

Electronic Signature of Signing Officer or Director — Date