2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P03000051074

Entity Name: NU-BEST WHIPLASH INJURY CENTER, INC.

Current Principal Place of Business:

4159-A CORPORATE CT
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

4159-A CORPORATE CT
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 54-2109419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POSTLETHWAITE, JOHN
4159-A CORPORATE CT
PALM HARBOR, FL 34683 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: POSTLETHWAITE, JOHN
Address: 4159-A CORPORATE CT
City-St-Zip: PALM HARBOR, FL 34683

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: JOHN R POSTLETHWAITE PRES 04/29/2010

Electronic Signature of Signing Officer or Director Date