

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051074

FILED
Apr 25, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

POSTLETHWAITE, JOHN R
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: POSTLETHWAITE, JOHN R
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

04/25/2012

Electronic Signature of Signing Officer or Director

Date