2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# P03000051624

Entity Name: SOUTH FLORIDA CHIROPRACTIC AND REHABILITATION, INC.

Current Principal Place of Business:

BOCA SPINE AND WELLNESS CENTER
299 WEST CAMINO GARDENS BLVD, SUITE 103A
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

BOCA SPINE AND WELLNESS CENTER
299 WEST CAMINO GARDENS BLVD, SUITE 103A
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 56-2356078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANO, DARREN
BOCA SPINE AND WELLNESS CENTER
299 WEST CAMINO GARDENS BLVD, SUITE 103A
BOCA RATON, FL 33432 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: DR.
Name: FANO, DARREN
Address: 8861 WENDY LANE SOUTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: DARREN FANO PRES 03/31/2011

Electronic Signature of Signing Officer or Director — Date