2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P03000077009

Entity Name: AMERICAN ACADEMY OF BALANCE MEDICINE, INC.

Current Principal Place of Business:

1945 LANE AVE. SOUTH, STE 5
JACKSONVILLE, FL 32210

New Principal Place of Business:

3728 PHILLIPS HIGHWAY
SUITE 31
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 7040
JACKSONVILLE, FL 32238

New Mailing Address:

PO BOX 497
ZIONSVILLE, IN 46077

FEI Number: 20-0137534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, WANDA L
1945 LANE AVE. SOUTH, STE 5
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

BAKER, TAMARA A
3728 PHILLIPS HIGHWAY
SUITE 31
JACKSONVILLE, FL 32207 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: TAMARA BAKER 05/01/2007
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: D ( ) Delete
Name: GREEN, JACOB M.D.
Address: 3728 PHILIPS HWY STE 31
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Delete
Name: CALLAHAN, WANDA L
Address: 1945 LANE AVE. SOUTH, STE 5
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GREEN, JACOB S M.D.
Address: 3728 PHILIPS HWY STE 31
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Change ( ) Addition
Name: SANDERS, SCOTT K MD
Address: 3721 ROME DRIVE STE A
City-St-Zip: LAFAYETTE, IN 47905

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: SCOTT SANDERS P 05/01/2007
Electronic Signature of Signing Officer or Director Date