2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P04000041839

Entity Name: LIFEFORCE CHIROPRACTIC, INC.

Current Principal Place of Business:

2200 PORT MALARD BLVD SUITE 1
PALM BAY, FL 32905

New Principal Place of Business:

2200 PORT MALABAR BLVD
SUITE #1
PALM BAY, FL 32905

Current Mailing Address:

1140 RIVIERA DR
PALM BAY, FL 32905

New Mailing Address:

1066 CITRUS AVENUE NE
PALM BAY, FL 32905

FEI Number: 74-3116769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUIROGA, ADRIANA
2200 PORT MALABAR BLVD SUITE 1
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

QUIROGA, ADRIANA
2200 PORT MALABAR BLVD
SUITE #1
PALM BAY, FL 32905 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: 04/23/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: QUIROGA-MONTE LEON, ADRIANA
Address: 1140 RIVIERA DR
City-St-Zip: PALM BAY, FL 32905

Title: VP D ( ) Delete
Name: MONTE LEON, JEFFREY A
Address: 1140 RIVIERA DR
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: QUIROGA-MONTE LEON, ADRIANA
Address: 1066 CITRUS AVENUE NE
City-St-Zip: PALM BAY, FL 32905

Title: VP D (X) Change ( ) Addition
Name: MONTE LEON, JEFFREY A
Address: 1066 CITRUS AVENUE NE
City-St-Zip: PALM BAY, FL 32905

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: JEFFREY A MONTE LEON VP D 04/23/2008
Electronic Signature of Signing Officer or Director — Date