2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: LIFEFORCE CHIROPRACTIC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1066 CITRUS AVENUE NE
PALM BAY, FL 32905

New Mailing Address:

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:

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: PD
Name: QUIROGA-MONTE LEON, ADRIANA
Address: 1066 CITRUS AVENUE NE
City-St-Zip: PALM BAY, FL 32905

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

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: DR. ADRIANA QUIROGA-MONTE LEON P 04/30/2011

Electronic Signature of Signing Officer or Director — Date