2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068144

Entity Name: GGG CHIROPRACTIC CENTER, INC.

FILED Mar 29, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|----------------------------------|---|--------------------------------------|
| 2929 N UNIVERSITY DR 204 CORAL SPRINGS, FL 33 | 3065 | | |
| Current Mailing Address: | | New Mailing Address: | |
| 2929 N UNIVERSITY DR 204 CORAL SPRINGS, FL 33 | | | |
| FEI Number: 20-1046923 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| GALLO, GIULIE 2929 N. UNIVERSITY DF 204 CORAL SPRINGS, FL 33 | • | | |
| The above named entity sin the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electron | ic Signature of Registered Age | ent | Date |
| | | | |

OFFICERS AND DIRECTORS:

Title:

Name: GALLO, GIULIE

Address: 2929 N. UNIVERSITY DR #204 City-St-Zip: CORAL SPRINGS, FL 33065

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: GIULIE GALLO D 03/29/2012