2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

DOCUMENT# P04000122215

Entity Name: FAMILY CHIROPRACTIC WORKS SOUTH, INC.

Current Principal Place of Business:

8809 COMMODITY CIRCLE
SUITE 3
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8809 COMMODITY CIRCLE
SUITE 3
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 27-0101394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAVES, DONNA L
120 E. CONCORD STREET
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/VP
Name: SILBERSTEIN, CRAIG I
Address: 8809 COMMODITY CIRCLE, SUITE 3
City-St-Zip: ORLANDO, FL 32819

Title: D/P
Name: SILBERSTEIN, JARED
Address: 8809 COMMODITY CIRCLE, SUITE 3
City-St-Zip: ORLANDO, FL 32819

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: JARED SILBERSTEIN D/P 03/18/2010

Electronic Signature of Signing Officer or Director — Date