2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006
Secretary of State

DOCUMENT# P05000002876

Entity Name: CHIROPRACTIC CARE OF PALM BEACH, INC.

Current Principal Place of Business:

5070 NORTH OCEAN DRIVE
SUITE 16 C
SINGER ISLAND, FL 33404

New Principal Place of Business:

50 COCOANUT ROW
SUITE 215
PALM BEACH, FL 33480

Current Mailing Address:

5070 NORTH OCEAN DRIVE
SUITE 16 C
SINGER ISLAND, FL 33404

New Mailing Address:

50 COCOANUT ROW
SUITE 215
PALM BEACH, FL 33480

FEI Number: 43-2070636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLATER, ROBERT W
214 BRAZILIAN AVE.
SUITE 260
PALM BEACH, FL 33480 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

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: PST ( ) Delete
Name: FAKHARI, ALEXI O
Address: 5070 NORTH OCEAN DRIVE, STE., 16 C
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: FAKHARI, ALEXI O
Address: 5070 N. OCEAN DR., STE. 16 C
City-St-Zip: SINGER ISLAND, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXI FAKHARI DR. 06/14/2006

Electronic Signature of Signing Officer or Director — Date