2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P05000017111

Entity Name: BAYSIDE LAKES FAMILY CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

754 MALABAR RD SE
SUITE 1
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

214 GALICIA STREET SW
PALM BAY, FL 32908

New Mailing Address:

FEI Number: 75-3181111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPINE, ROSANNE
214 GALICIA STREET SW
PALM BAY, FL 32908 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: D
Name: LAPINE, THOMAS
Address: 214 GALICIA STREET SW
City-St-Zip: PALM BAY, FL 32908

Title: D
Name: LAPINE, ROSANNE
Address: 214 GALICIA STREET SW
City-St-Zip: PALM BAY, FL 32908

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: ROSANNE LAPINE MGR 02/23/2011

Electronic Signature of Signing Officer or Director — Date