2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2007
Secretary of State

DOCUMENT# P05000096092

Entity Name: COMPLETE CHIROPRACTIC CENTERS INC.

Current Principal Place of Business:

950 N. FEDERAL HIGHWAY
103
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

950 N. FEDERAL HIGHWAY
103
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-4836807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REITER, PETER
950 N. FEDERAL HIGHWAY
103
POMPANO BEACH, FL 33062 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: P ( ) Delete
Name: REITER, PETER
Address: 950 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/S ( ) Change (X) Addition
Name: AZEVEDO, FABIO
Address: 950 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify 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: PETER REITER P 06/21/2007

Electronic Signature of Signing Officer or Director — Date