2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

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Entity Name: NOLASCO CHIROPRACTIC, P.A.

Current Principal Place of Business:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3170808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLASCO, NAKIN DR
5500 BRYSON DRIVE
STE 303
NAPLES, FL 34109 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
Name: NOLASCO, NAKIN B DC
Address: 5500 BRYSON DR - STE 303
City-St-Zip: NAPLES, FL 34109

Title: PST
Name: NOLASCO, NAKIN B
Address: 5500 BRYSON DR - STE 303
City-St-Zip: NAPLES, FL 34109

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: NAKIN NOLASCO DR. 03/31/2010

Electronic Signature of Signing Officer or Director — Date