2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

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Entity Name: CONDE CENTER FOR CHIROPRACTIC NEUROLOGY INC.

Current Principal Place of Business:

401 W ATLANTIC AVENUE, STE 014
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

401 W ATLANTIC AVENUE, STE 014
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-3816553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILU & BILU
2700 W ATLANTIC BLVD. - STE 204
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

BILU & BILU LLC
2700 W ATLANTIC BLVD. - STE 204
POMPANO BEACH, FL 33069 US

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: RON S BILU 04/23/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: CONDE, JUAN
Address: 16279 SIERRA PALMS DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

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: JUAN CONDE D 04/23/2012
Electronic Signature of Signing Officer or Director Date