2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2011
Secretary of State

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Entity Name: ALBANY-SLIGH CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638

New Mailing Address:

FEI Number: 14-1959517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINARI, COLLEEN
20615 AMBERFIELD DRIVE
SUITE 101
LAND O'LAKES, FL 34638 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: VP
Name: TINARI, COLLEEN R
Address: 6148 KRISTA DR
City-St-Zip: SPRING HILL, FL 34609

Title: P
Name: TINARI, DOMINICK A DR
Address: 20615 AMBERFIELD DRIVE
City-St-Zip: LAND O'LAKES, FL 34638

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: COLLEEN TINARI VP 01/21/2011

Electronic Signature of Signing Officer or Director — Date