2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P06000067926

Entity Name: PT. MALABAR CHIROPRACTIC CLINIC INC.

Current Principal Place of Business:

5201 BABCOCK ST NE SUITE 1
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

5201 BABCOCK ST NE SUITE 1
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-4909067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JOHN
5201 BABCOCK ST NE
SUITE 1
PALM BAY, FL 32905 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: DR
Name: ROBERTS, JOHN
Address: 5201 BABCOCK ST NE SUITE 1
City-St-Zip: PALM BAY, FL 32905

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: JOHN ROBERTS DR 03/29/2011

Electronic Signature of Signing Officer or Director — Date