2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098654

ORLANDO, FL 32818

City-St-Zip:

Entity Name: RELIABLE CHIROPRACTIC & REHAB CENTER, INC

FILED May 01, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--|---|--|--|
| 4141 HWY 27 NORTH STE 3 SEBRING, FL 33870 | | 637 N PINE HILLS RD ORLANDO, FL 32808 | | |
| Current Mailing Address: | | New Mailing Address | : | |
| 4141 HWY 27 NORTH STE 3 SEBRING, FL 33870 | | 637 N PINE HILLS RD ORLANDO, FL 32808 | | |
| FEI Number: | FEI Number Applied For (X) | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | | |
| | HAM CT), FL 32818 US named entity submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | |
| | Electronic Signature of Registered Ag | gent | Date | |
| Election Can | ce with s. 607.193(2)(b), F.S., the corporation did not in the corporation of the contribution (). SAND DIRECTORS: | · | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: | P () Delete MASSON, CANSKY | Title: Name: | () Change () Addition | |

City-St-Zip:

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: CANSKY MASSON P 05/01/2007