2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P06000111506

Entity Name: TOTALLY CHIROPRACTIC, INC.

Current Principal Place of Business:

4710 COUNTRY HILLS DRIVE
TAMPA, FL 33624

New Principal Place of Business:

3605 MADACA LANE
TAMPA, FL 33618

Current Mailing Address:

4710 COUNTRY HILLS DRIVE
TAMPA, FL 33624

New Mailing Address:

3605 MADACA LANE
TAMPA, FL 33618

FEI Number: 20-5471552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAGAN, ALEXA E DR.
4710 COUNTRY HILLS DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

FAGAN, ALEXA E DR.
3605 MADACA LANE
TAMPA, FL 33618 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: _____ 04/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FAGAN, KRISTOPHER F DR.
Address: 4710 COUNTRY HILLLS DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: FAGAN, ALEXA
Address: 4710 COUNTRY HILLLS DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAGAN, KRISTOPHER F DR.
Address: 3605 MADACA LANE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition
Name: FAGAN, ALEXA E DR.
Address: 3605 MADACA LANE
City-St-Zip: TAMPA, FL 33618

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: DR. ALEXA E. FAGAN D 04/20/2009
Electronic Signature of Signing Officer or Director — Date