2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P06000148291

Entity Name: CHIROPRACTIC CARE OF GOLF COAST, INC.

Current Principal Place of Business:

201 8TH STREET SOUTH
307 SUITE
NAPLES, FL 34102

New Principal Place of Business:

201 8TH STREET SOUTH
SUITE 307
NAPLES, FL 34102

Current Mailing Address:

201 8TH STREET SOUTH
307 SUITE
NAPLES, FL 34102

New Mailing Address:

201 8TH STREET SOUTH
SUITE 307
NAPLES, FL 34102

FEI Number: 75-3226417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, RUSSELL E D.C.
201 8TH STREET SOUTH
SUITE 307
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUSSELL, TURNER E DC
Address: 161 E PARQUE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: RUSSELL, TURNER E DC
Address: 16148 PARQUE LANE
City-St-Zip: NAPLES, FL 34110

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: RUSSELL E. TURNER, DC DR. 01/28/2009

Electronic Signature of Signing Officer or Director — Date