2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007816

Entity Name: ROBERT N. SAVAGE D.C., P.A.

Apr 12, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 S. CHICKASAW TRL., STE A 2100 S. CHICKASAW TRL. ORLANDO, FL 32825

SUITE 101

ORLANDO, FL 32825

Current Mailing Address: New Mailing Address:

2100 S. CHICKASAW TRL., STE A 2100 S. CHICKASAW TRL. ORLANDO, FL 32825 SUITE 101

ORLANDO, FL 32825 US

FEI Number: 35-2287831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAVAGE, ROBERT N DR SAVAGE, ROBERT N DR. 18716 EÁST COLONIAL DR. 2100 S. ĆHICKASAW TRL ORLANDO, FL 32820 SUITE 101 ORLANDO, FL 32B25 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: 04/12/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

SAVAGE, ROBERT N DR. Name: 2100 S. CHICKASAW TRL., STE A Address: City-St-Zip: ORLANDO, FL 32825 US

Title: VΡ

Name: SAVAGE, ROBERT N DR. 2100 S. CHICKASAW TRL., STE A Address: ORLANDO, FL 32825 US City-St-Zip:

Title: SECT

SAVAGE, ROBERT N DR. Name: 2100 S. CHICKASAW TRL., STE A Address: City-St-Zip: ORLANDO, FL 32825 US

Title: **TRES**

SAVAGE, ROBERT N DR. Name: Address: 2100 S. CHICKASAW TRL., STE A City-St-Zip: ORLANDO, FL 32825 US

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.

Ρ SIGNATURE: DR. ROBERT N. SAVAGE 04/12/2011