2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2011
Secretary of State

DOCUMENT# P07000073301

Entity Name: THE VILLAGE CHIROPRACTIC CENTER OF FLORIDA, INC.

Current Principal Place of Business:

425 WEST TOWN PLACE
SUITE 118
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

319 WEST TOWN PLACE
SUITE 7
ST. AUGUSTINE, FL 32092

Current Mailing Address:

425 WEST TOWN PLACE
SUITE 118
ST. AUGUSTINE, FL 32092

New Mailing Address:

319 WEST TOWN PLACE
SUITE 7
ST. AUGUSTINE, FL 32092

FEI Number: 26-0462101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, KENNETH L
5323 GROVEWOOD COURT
SAINT AUGUSTINE, FL 32092 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: PRES
Name: BERRY, KENNETH L
Address: 5323 GROVEWOOD COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092 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.

SIGNATURE: KENNETH L. BERRY, D.C. PRES 03/06/2011

Electronic Signature of Signing Officer or Director — Date