2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P07000104025

Entity Name: CHIROPRACTIC HEALTH OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

24810 BURNT PINE DRIVE
SUITE 1 & 2
BONITA SPRINGS, FL 34134

New Principal Place of Business:

24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134

Current Mailing Address:

24810 BURNT PINE DRIVE
SUITE 1 & 2
BONITA SPRINGS, FL 34134

New Mailing Address:

24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134

FEI Number: 26-1142420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERLO, DOUGLAS
24810 BURNT PINE DRIVE
SUITE 1 & 2
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MERLO, DOUGLAS
24830 S. TAMIAMI TRAIL
SUITE # 1000
BONITA SPRINGS, FL 34134 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MERLO, DOUGLAS
Address: 24810 BURNT PINE DRIVE #1 & 2
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MERLO, DOUGLAS
Address: 24830 S. TAMIAMI TRAIL SUITE # 1000
City-St-Zip: BONITA SPRINGS, FL 34134

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. DOUGLAS A. MERLO PRES 04/24/2009
Electronic Signature of Signing Officer or Director — Date