2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P07000120302

Entity Name: CRH CLINIC OF FLORIDA, INC.

Current Principal Place of Business:

1630 WATERFRONT CENTER
200 BURRARD STREET
VANCOUVER, BC V6C 3L6 CA

New Principal Place of Business:

2301 N. UNIVERSITY DRIVE
SUITE 203
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

1630 WATERFRONT CENTER
200 BURRARD STREET
VANCOUVER, BC V6C 3L6 CA

New Mailing Address:

FEI Number: 26-1406148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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: PD ( ) Delete
Name: WRIGHT, EDWARD
Address: 1630 WATERFRONT CENTER, 200 BURRARD ST.
City-St-Zip: VANCOUVER, BC V6C3L6 CA

Title: DT ( ) Delete
Name: BEAR, RICHARD
Address: 1630 WATERFRONT CENTER, 200 BURRARD ST.
City-St-Zip: VANCOUVER, BC V6C 3L6 CA

Title: S ( ) Delete
Name: COTTER, DEBORAH
Address: 1630 WATERFRONT CENTER, 200 BURRARD ST.
City-St-Zip: VANCOUVER, BC V6C 3L6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBORAH COTTER S 01/21/2009

Electronic Signature of Signing Officer or Director — Date