2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P08000047398

Entity Name: GIFTED HANDS CHIROPRACTIC, INC.

Current Principal Place of Business:

17874 46TH COURT N
LOXAHATCHEE, FL 34470

New Principal Place of Business:

1712 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411- US

Current Mailing Address:

17874 46TH COURT N
LOXAHATCHEE, FL 34470

New Mailing Address:

1712 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411- US

FEI Number: 26-2605798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILISTIN, OSLY
17874 46TH COURT N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

PHILISTIN, OSLY
1712 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411- 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: OSLY PHILISTIN 05/01/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: PHILISTIN, OSLY
Address: 1712 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411- 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: OSLY PHILISTIN P 05/01/2011
Electronic Signature of Signing Officer or Director Date