2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# P08000087085

Entity Name: INTEGRATIVE CHIROPRACTIC & PHYSICAL THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

4657 GULF BREEZE PARKWAY A & B
GULF BREEZE, FL 32563

New Principal Place of Business:

4657 GULF BREEZE PARKWAY A & B
UNITS A & B
GULF BREEZE, FL 32563

Current Mailing Address:

4657 GULF BREEZE PARKWAY A & B
GULF BREEZE, FL 32563

New Mailing Address:

4657 GULF BREEZE PARKWAY A & B
UNITS A & B
GULF BREEZE, FL 32563

FEI Number: 90-0416733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANN, KAREN
2478 HOUSTON CIRCLE
GULF BREEZE, FL 32563 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: P
Name: CANN, KAREN
Address: 4657 GULF BREEZE PARKWAY A & B
City-St-Zip: GULF BREEZE, FL 32563

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: DR. KAREN CANN OWNE 04/06/2010

Electronic Signature of Signing Officer or Director — Date