2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P09000058633

Entity Name: ONECO CHIROPRACTIC REHAB CENTER, INC.

Current Principal Place of Business:

5108 15TH STREET E
203
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

5108 15TH STREET E
203
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 27-0510383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL A
5108 15TH STREET E.
203
BRADENTON, FL 34208 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: RAMIREZ, MANUEL A
Address: 5108 15TH STREET E.
City-St-Zip: BRADENTON, FL 34208

Title: S
Name: RAMIREZ, MANUEL A
Address: 5108 15TH STREET E.
City-St-Zip: BRADENTON, FL 34208

Title: T
Name: BERNARD, ROBERT
Address: 4002 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

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: MANUEL RAMIREZ P 04/27/2010

Electronic Signature of Signing Officer or Director — Date