2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P10000019361

Entity Name: HEALTH PORT CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1502 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2545 SW HALISSEE ST.
PORT ST. LUCIE, FL 34953

New Mailing Address:

1502 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

FEI Number: 27-1991549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALVIENE, JASON R
1502 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952 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

OFFICERS AND DIRECTORS:

Title: P
Name: ALVIENE, JASON R
Address: 2545 SW HALISSEE ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: JASON R. ALVIENE PRES 03/29/2011

Electronic Signature of Signing Officer or Director — Date