2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# P10000027945

Entity Name: FAMILY FIRST CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1560 MATHEW DRIVE
SUITE E
FT. MYERS, FL 33907

New Principal Place of Business:

1560 MATTHEW DRIVE
SUITE E
FT. MYERS, FL 33907

Current Mailing Address:

1560 MATHEW DRIVE
SUITE E
FT. MYERS, FL 33907

New Mailing Address:

1560 MATTHEW DRIVE
SUITE E
FT. MYERS, FL 33907

FEI Number: 27-4147209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: SAMALIAZAD, ESMAEEL
Address: 1560 MATTHEW DRIVE, SUITE E
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: FRANCOIS, EDA
Address: 1560 MATTHEW DRIVE, SUITE E
City-St-Zip: FORT MYERS, FL 33907

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: ESMAEEL SAMALIAZAD P 03/02/2011

Electronic Signature of Signing Officer or Director — Date