2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# P10000083931

Entity Name: CHIROPRACTIC & INJURY CENTER, INC.

Current Principal Place of Business:

750 E. SAMPLE ROAD, STE 6
POMPANO BEACH, FL 33064

New Principal Place of Business:

750 E. SAMPLE ROAD,
BLDG 10 STE 6
POMPANO BEACH, FL 33064

Current Mailing Address:

750 E. SAMPLE ROAD, STE 6
POMPANO BEACH, FL 33064

New Mailing Address:

750 E. SAMPLE ROAD,
BLDG 10 STE 6
POMPANO BEACH, FL 33064

FEI Number: 27-3682606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNON, DOUGLAS D
750 E. SAMPLE ROAD, STE 6
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

GAGNON, DOUGLAS D
750 E. SAMPLE ROAD,
BLDG 10 STE 6
POMPANO BEACH, FL 33064 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: _____ 04/15/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: GAGNON, DOUGLAS D
Address: 750 E. SAMPLE ROAD, BLDG 10 STE 6
City-St-Zip: POMPANO BEACH, FL 33064

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: DOUGLAS D GAGNON PVST 04/15/2011
Electronic Signature of Signing Officer or Director — Date