2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P11000003517

Entity Name: SPINE & SPORT CHIROPRACTIC CLINIC P.A.

Current Principal Place of Business:

5813 MONTFORD DR.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

2649 WINDGUARD CIRCLE
STE. 101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

5821 MONTFORD DR.
ZEPHYRHILLS, FL 33541

New Mailing Address:

5813 MONTFORD DR.
ZEPHYRHILLS, FL 33541

FEI Number: 27-4306685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIED, BRYAN W
5813 MONTFORD DR.
ZEPHYRHILLS, FL 33541 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: CEO
Name: SCHMIED, BRYAN W
Address: 5813 MONTFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: CFO
Name: SCHMIED, ARICA J
Address: 5813 MONTFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

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: BRYAN SCHMIED CEO 02/13/2012

Electronic Signature of Signing Officer or Director — Date