2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# P11000052906

Entity Name: NORTHSIDE CHIROPRACTIC, INC

Current Principal Place of Business:

1403 DUNN AVE
SUITE 3
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

5330 SW 186TH STREET
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 45-2469746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE M WEISSMAN, CPA, PA
8181 W BROWARD BLVD
SUITE 204
PLANTATION, FL FL 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: CROTHERS, ANTHONY M
Address: 5330 SW 186TH STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: ANTHONY M. CROTHERS P 01/20/2012

Electronic Signature of Signing Officer or Director — Date