2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

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Entity Name: PERRY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

200 WEST CAMINO ROAD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

PO BOX 97
DEERFIELD BEACH, FL 334430097 US

New Mailing Address:

FEI Number: 65-0659898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, EDITH E
950 PONCE DE LEON RD
#510
BOCA RATON, FL 33432 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: PERRY, RONALD M
Address: 950 PONCE DE LEON RD #510
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: PERRY, EDITH EGYED
Address: 950 PONCE DE LEON RD #510
City-St-Zip: BOCA RATON, FL 33432

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: EDITH PERRY VP 04/20/2012

Electronic Signature of Signing Officer or Director — Date