2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P96000055022

Entity Name: ST. CLOUD CHIROPRACTIC, INC.

Current Principal Place of Business:

1106B TENTH ST.
SUITE B
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 701757
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-3387507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLINANE, JOHN F DC
1419 CYPRESS AVE.
ST. CLOUD, FL 34769 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: CULLINANE, JOHN F DC
Address: 1419 CPYRESS AVE
City-St-Zip: ST. CLOUD, FL 34769

Title: VP
Name: CULLINANE, JOHN F DC
Address: 1419 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S
Name: CULLINANE, JOHN F DC
Address: 1419 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T
Name: CULLINANE, JOHN F DC
Address: 1419 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

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: JOHN F CULLINANE, DC P 04/27/2012

Electronic Signature of Signing Officer or Director — Date