2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

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Entity Name: MAURICIO CHIROPRACTIC CLINICS, P.A.

Current Principal Place of Business:

1810 SEMORAN BLVD
SUITE 104
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

625 S. RONALD REAGAN BLVD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3421552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, REUS AND TARG, LLP
121 SOUTH ORANGE AVE.
SUITE 1270
ORLANDO, FL 32801 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: PDS
Name: COHEN, DANIEL G
Address: 1809 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

Title: VPDT
Name: BIRD, RICHARD S
Address: 923 LOCUST STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DANIEL G. COHEN PDS 03/21/2011

Electronic Signature of Signing Officer or Director — Date