2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P98000063389

Entity Name: CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

3711 TAMPA RD., #110
OLDSMAR, FL 34677

New Principal Place of Business:

230 PINE AVENUE N
SUITE B
OLDSMAR, FL 34677

Current Mailing Address:

3711 TAMPA RD., #110
OLDSMAR, FL 34677

New Mailing Address:

230 PINE AVENUE N
SUITE B
OLDSMAR, FL 34677

FEI Number: 59-3524810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GADOMSKI, ALBERT J DR.
3711 TAMPA RD #110
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

GADOMSKI, ALBERT J DR.
230 PINE AVENUE N
SUITE B
OLDSMAR, FL 34677 US

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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: GADOMSKI, ALBERT
Address: 3711 TAMPA RD, # 110
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: GADOMSKI, ALBERT
Address: 230 PINE AVENUE N SUITE B
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT J GADOMSKI, D.C. OWNE 03/25/2009
Electronic Signature of Signing Officer or Director — Date