2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

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Entity Name: AMARAL CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321

New Principal Place of Business:

7310 WEST NCNAB ROAD #107
TAMARAC, FL 33321

Current Mailing Address:

8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321

New Mailing Address:

7310 WEST NCNAB ROAD #107
TAMARAC, FL 33321

FEI Number: 65-0862240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMARAL MOJICA, MICHELLE
8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

AMARAL MOJICA, MICHELLE
7310 WEST NCNAB ROAD #107
TAMARAC, FL 33321 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: _____ 01/03/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: AMARAL MOJICA, MICHELLE
Address: 7310 WEST NCNAB ROAD #107
City-St-Zip: TAMARAC, FL 33321

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: MICHELLE MOJICA P 01/03/2012
Electronic Signature of Signing Officer or Director — Date