2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# P99000001049

Entity Name: NATURAL LIVING CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

2102 S. MACDILL AVE.,STE.C
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2102 S. MACDILL AVE.,STE.C
TAMPA, FL 336092984

New Mailing Address:

FEI Number: 59-3549323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'ROURKE, COLLEEN ESQ.
4805 WEST LAUREL ST
SUITE 230
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: GIUSTO-LOCKWOOD, PAULA DC
Address: 2102 S. MACDILL AVE, SUITE C
City-St-Zip: TAMPA, FL 33629

Title: VP
Name: LOCKWOOD, MARK B MR
Address: 2102 SOUTH MACDILL AVE SUITE C
City-St-Zip: TAMPA, FL 33629

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: PAULA GIUSTO LOCKWOOD PRES 05/05/2010

Electronic Signature of Signing Officer or Director — Date