2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P99000020124

Entity Name: INTRACOASTAL CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

14255 BEACH BLVD #A
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

14255 BEACH BLVD #A
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3560061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETE ORLANDO, CPA, PA
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: DEVINCENTIS, ROBERT
Address: 4510 COQUINA DRIVE
City-St-Zip: JACKSONVILLE, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DEVINCENTIS, ROBERT
Address: 4510 COQUINA DRIVE
City-St-Zip: JACKSONVILLE, FL 32250 US

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: ROBERT DEVINCENTIS P 04/28/2009

Electronic Signature of Signing Officer or Director — Date