2011 FOR PROFIT CORPORATION ANNUAL REPORT

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Date

Entity Name: SOUTH BEACH CHIROPRACTIC CENTER, P.A.

Electronic Signature of Registered Agent

New Principal Place of Business: Current Principal Place of Business: 1674 MERIDAN AVENUE SUITE 203 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1674 MERIDAN AVENUE SUITE 203 MIAMI BEACH, FL 33139 US FEI Number: 65-0270273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NILSSEN, SIGRID 1674 MEŔIDIAN AVE 203 MIAMI BEACH, FL 33139 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:

OFFICERS AND DIRECTORS:

Title: PRES

Name: NILSSEN, SIGRID DC

Address: 1674 MERIDIDAN AVE, STE 203 City-St-Zip: MIAMI BEACH, FL 33139 US

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: SIGRID NILSSEN PRES 04/08/2011