2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28240

FILED Apr 29, 2011 Secretary of State

Entity Name: CHIROMED CHIROPRACTIC CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

205 WEST BUSCH BOULEVARD 3855 SOUTH ATLANTIC AVE G3

TAMPA, FL 33612 DAYTONA BEACH SHORES, FL 32118

Current Mailing Address: New Mailing Address:

205 WEST BUSCH BOULEVARD 3855 SOUTH ATLANTIC AVE G3

TAMPA, FL 33612 DAYTONA BEACH SHORES, FL 32118

FEI Number: 59-3127384 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:

BROWN, HARRY W SR 3855 SOUTH ATLANTIC AVE NO 101 DAYTONA BEACH SHORES, FL 32127 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT&D

Name: BROWN, HARRY W.

Address: 3855 SOUTH ATLANTIC AVE NO 101 City-St-Zip: DAYTONA BEACH SHORES, FL 32127

Title: S&VP

Name: BROWN, NANCY

Address: 3855 SOUTH ATLANTIC AVE NO 101 City-St-Zip: DAYTONA BEACH SHORES, FL 32127

Title: AVP

Name: MANGELSDORF, KENNETH
Address: 3855 SOUTH ATLANTIC AVE NO 101
City-St-Zip: DAYTONA BEACH SHORES, FL 32127

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: HARRY W BROWN SR PT&D 04/29/2011