2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# V28240

Entity Name: CHIROMED CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3855 SOUTH ATLANTIC AVE G3
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3855 SOUTH ATLANTIC AVE G3
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 59-3127384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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 04/24/2012

Electronic Signature of Signing Officer or Director — Date