2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2013
Secretary of State
CC2292155130

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Entity Name: EAST LAKE CHIROPRACTIC AND INJURY CENTER, INC.

Current Principal Place of Business:

4435 13TH ST
SAINT CLOUD, FL 34769

Current Mailing Address:

4435 13TH ST
SAINT CLOUD, FL 34769

FEI Number: 11-3804754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCNICHOLS, CHRISTOPHER
3172 LAKE BREEZE CIR
SAINT CLOUD, FL 34771 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

Officer/Director Detail :

Title	PVTS
Name	MCNICHOLS, CHRISTOPHER L
Address	3172 LAKE BREEZE CIRCLE
City-State-Zip:	SAINT CLOUD FL 34771

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: CHRISTOPHER MCNICHOLS PVTS 03/26/2013

Electronic Signature of Signing Officer/Director Detail — Date