2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2014
Secretary of State
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Entity Name: RIVERO CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

1918 SW 57 AVE
MIAMI, FL 33155

Current Mailing Address:

1918 SW 57 AVE
MIAMI, FL 33155 US

FEI Number: 27-3836386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERO, ALBERTO
8810 FONTAINE BLEAU BLVD.
NO. 109
MIAMI, FL 33172 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	P,D
Name	RIVERO, ALBERTO
Address	8810 FONTAINE BLEAU BLVD. #109
City-State-Zip:	MIAMI FL 33172

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: ALBERTO RIVERO DOCTOR 05/23/2014

Electronic Signature of Signing Officer/Director Detail — Date