



**MINNESOTA
DEPARTMENT OF
COMMERCE**



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
www.commerce.state.mn.us
651.296.4026 FAX 651.297.1959
An equal opportunity employer

June 1, 2011

ROBERT D CANTWELL

101 SOUTH HANLEY ROAD SUITE 1700
ST LOUIS, MO 63105

Re: F-5844

UPPER CERVICAL HEALTH CENTERS LLC
UPPER CERVICAL HEALTH CENTERS OF AMERICA F/A

Dear Mr. Cantwell:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2011.

Sincerely,

MIKE ROTHMAN
Commissioner

By:

Daniel Sexton
Commerce Analyst Supervisor
Registration Division
(651) 296-4520

MR:DES:dlw

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UNIFORM FRANCHISE REGISTRATION APPLICATION - MINNESOTA

File No.: F-5844

State: Minnesota

Fee: \$200.00

State of Minnesota
Dept. of Commerce
ARR 29 2011
Rec'd \$200

APPLICATION FOR (Check only one):

INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES

RENEWAL APPLICATION OR ANNUAL REPORT

PRE-EFFECTIVE AMENDMENT

POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor:

Upper Cervical Health Centers, Inc.

2. Name of the franchise offering:

Upper Cervical Health Centers of America

3. Franchisor's principal business address.

**10816 Black Dog Lane, Suite 120
Charlotte, NC 28214**

4. Name and address of Franchisor's agent in the State of Minnesota authorized to receive process.

**Minnesota Department of Commerce
Market Assurance Division
85 7th Place East, Suite 500
St. Paul, MN 55101-2198**

5. The states in which this proposed registration application is or will be shortly on file:

North Carolina Corporation

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed.

6-1-11
A/R
12/3

Robert D. Cantwell
101 S. Hanley Rd., Suite 1700
St. Louis, MO 63105
Telephone: (314) 615-6000
Facsimile: (314) 615-6001
Email: rdcantwell@gjn.com

CERTIFICATION

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of April 30, 2011 attached as an exhibit, and that all material facts stated in those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at St. Louis, Missouri, April 26, 2011

Upper Cervical Health Centers, Inc.

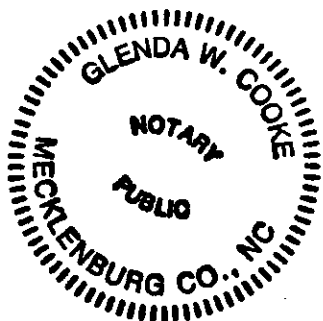
By: Ray T. Drury

Name: Ray T. Drury

Title: President

STATE OF NORTH CAROLINA)
) ss.
COUNTY OF MECKLENBURG)

Personally appeared before me this 26 day of April, 2011 the above-named Ray T. Drury, D.C. to me known to be the person who executed the foregoing application and being first duly sworn stated upon oath that said application, and all exhibits submitted herewith, are true and correct.



Glenda W Cooke
(Notary)

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