

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88096

FILED
Apr 28, 2009
Secretary of State

Entity Name: FAMILY LIFE CHIROPRACTIC, P.A.

Current Principal Place of Business:

131 GARDEN AVENUE, NORTH
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

131 GARDEN AVENUE, NORTH
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3017580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, JERE
800 N GLENWOOD AVE
CLEARWATER, FL 33755 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JARRETT, JERE DR.
Address: 800 N GLENWOOD AVE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: ARGALL, RICK
Address: 5 BIRDIE LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICK ARGALL

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date