

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88096

FILED  
Apr 09, 2010  
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: DR.  
Name: JARRETT, JERE  
Address: 800 N GLENWOOD AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: DR.  
Name: ARGALL, RICK  
Address: 5 BIRDIE LANE  
City-St-Zip: PALM HARBOR, FL 34683

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: RICK ARGALL

DR.

04/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date