2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P00000019057

Entity Name: ALAN NATHANS FAMILY CHIROPRACTIC INC.

Current Principal Place of Business:

11048 BAYMEADOWS RD STE 2
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11048 BAYMEADOWS RD STE 2
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3630953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATHANS, ALAN DR.
8552 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

NATHANS, ALAN DR.
11048 BAYMEADOWS RD STE 2
JACKSONVILLE, FL 32256 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: DR. ALAN NATHANS 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NATHANS, ALAN
Address: 8552 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: NATHANS, ALYSE S
Address: 8552 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NATHANS, ALAN
Address: 11048 BAYMEADOWS ROAD STE 2
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: NATHANS, ALYSE S
Address: 11048 BAYMEADOWS ROAD STE 2
City-St-Zip: JACKSONVILLE, FL 32256

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: DR. ALAN NATHANS D. 04/21/2009
Electronic Signature of Signing Officer or Director Date