

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080491

FILED
Jan 19, 2009
Secretary of State

Entity Name: COMPLETE FAMILY CHIROPRACTIC HEALTH CARE, INC.

Current Principal Place of Business:

1200 S PINELLAS AVE
SUITE 9
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1200 S PINELLAS AVE
SUITE 9
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3665349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELL, MIKE R
47 GULFWINDS DR. W.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

MARCELL, MIKE R
1611 GULF RD.
TARPON SPRINGS, FL 34689 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: MIKE R. MARCELL, D.C.

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCELL, MIKE R
Address: 47 GULFWINDS DR W.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARCELL, MIKE R
Address: 1611 GULF RD.
City-St-Zip: TARPON SPRINGS, FL 34689

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: MIKE R. MARCELL, D.C.

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date