

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85707

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.

**Current Principal Place of Business:**

3938 PINEHURST DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3938 PINEHURST DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 65-0012002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIMARCO, DEXTER D D.C.  
3938 PINEHURST DR  
GREEN ACRES, FL 33467 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: PSTD  
Name: DIMARCO, DR DEXTER  
Address: 3938 PINEHURST DR  
City-St-Zip: LAKE WORTH, FL 33467

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: DEXTER DIMARCO,DC

PRES

02/08/2010

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

\_\_\_\_\_ Date