2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42911

FILED May 01, 2007 Secretary of State

Entity Name: VARISCO FAMILY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	AKLAND PAF	RK BLVD.		
UITE 202 UNRISE,	FL 33313	US		
urrent M	ailing Addre	ss:	New Mailing Address	s:
	AKLAND PAF	RK BLVD.		
JITE 202 JNRISE,	FL 33313	US		
I Number:	65-0131617	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
9 E. SHE		EET .		
ANIA BEA ne above the State	ARK ERIDAN STRI ACH, FL 330 named entity of Florida.	EET 04 US	urpose of changing its registered	d office or registered agent, or both,
29 E. SHE ANIA BEA ne above the State	ARK ERIDAN STRI ACH, FL 330 named entity of Florida.	EET 04 US submits this statement for the p		
29 E. SHE ANIA BEA THE ABOVE THE STATE GNATUF accordance ction Can	ARK ERIDAN STRI ACH, FL 3300 named entity of Florida. RE: Electro se with s. 607.19	SEET 04 US submits this statement for the punic Signature of Registered Age 03(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	nt receive the prior notice.	d office or registered agent, or both, Date ES TO OFFICERS AND DIRECTORS
29 E. SHE ANIA BEA THE ABOVE THE STATE GNATUF accordance The State Control The State The State	ARK ERIDAN STRI ACH, FL 330 named entity of Florida. RE: Electro te with s. 607.19 npaign Financir AND DIRECTO VARISCO, LIN	submits this statement for the p nic Signature of Registered Age 3(2)(b), F.S., the corporation did not g Trust Fund Contribution (). TORS:) Delete DA D., AND PARK BLVD., SUITE 202	nt receive the prior notice.	Date

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: LINDA D. VARISCO DP 05/01/2007