

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 033 ***150.00

DOCUMENT # L88096
 1. Entity Name
 FAMILY LIFE CHIROPRACTIC, P.A.



Principal Place of Business: 131 GARDEN AVENUE, NORTH CLEARWATER, FL 34615
 Mailing Address: 131 GARDEN AVENUE, NORTH CLEARWATER, FL 34615

24084218



2. Principal Place of Business: 131 GARDEN AVENUE NORTH
 Suite, Apt. #, etc.
 3. Mailing Address: 131 GARDEN AVE. NORTH
 Suite, Apt. #, etc.

05162004 Chg-P CR2E034 (10/03)

City & State: CLEARWATER, FL
 Zip: 33155
 Country: [Blank]

4. FEI Number: 59-3017580
 Applied For: [Blank]
 Not Applicable

5. Certificate of Status Desired:
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JARRETT, JERE DR.
 131 GARDEN AVENUE NORTH
 CLEARWATER, FL 34615

7. Name and Address of New Registered Agent
 Name: JERE JARRETT
 Street Address (P.O. Box Number is Not Acceptable): 800 N. GLENWOOD AVE.
 City: CLEARWATER FL Zip Code: 33755

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: [Signature] JERE JARRETT 8/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JARRETT, JERE DR.	
STREET ADDRESS	300 HILLTOP AVE. NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARGALL, RICK	
STREET ADDRESS	5 BIRDIE LANE	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, JERE	
STREET ADDRESS	800 N. GLENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGALL, RICK	
STREET ADDRESS	5 BIRDIE LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JERE JARRETT 8/31/04 127-447-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #