2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 08:00 A Secretary of State

ARROAL REPORT				Apr	10, 4	uuo uo:u
DOCUMENT # L88096 1. Entity Name				S	Secreta	ary of Sta
FAMÍLY LIFE CHIROPRACTIC, P.A.						
Principal Place of Business	Mailing Address					
131 GARDEN AVENUE, NORTH CLEARWATER, FL 33755	131 GARDEN AVENUE, NORTH CLEARWATER, FL 33755					
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	and the state of t	Margaret 1969.				
DO NOT WRITE	IN THIS SPA	CE	04042008	No Chg-P	CR2E034 (· · · · · · · · · · · · · · · · · · ·
The state of the s			4. FEI Numb 59-301			Applied For Not Applicable
	and the second of the second o	6.	5. Certificate	of Status Desired		.75 Additional Required
6. Name and Address of Current Re	egistered Agent		*1	· · · · · · · · · · · · · · · · · · ·		
JARRETT, JERE 800 N GLENWOOD AVE			DÖ	NOT W	RITE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CLEARWATER, FL 33755			IN T	THIS SP	ACE	
			\$ 3. W			The second second
The above named entity submits this statement for ti the obligations of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	ith, in the State of Flo	rida. I am fami	liar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	· — •	.00 May Be ed to Fees			
10. OFFICERS AND DI	RECTORS	4	14,4 2) "		1 11.
TITLE D		1 4	51%*-			1
NAME JARRETT, JERE DR. STREET ADDRESS 800 N GLENWOOD AVE			in the second			
CITY-ST-ZIP CLEARWATER, FL 33755	. <u></u>	*	* : 3 ***	incoor	; 1000575	
TITLE D NAME ARGALL, RICK				- 04/22/08-	:2533:3 -80060-01	2 150 00
STREET ADDRESS 5 BIRDIE LANE		Ass				**
CITY-ST-ZIP PALM HARBOR, FL 34683						
TITLE NAME				i di		
STREET ADDRESS			DO	NOT W	RITE	; ;;
CITY-ST-ZIP TITLE	<u></u>		• • •	THIS SF		
NAME			HN	i Mio of	MUE	` .
STREET ADDRESS CITY-ST-ZIP		general in	ar a			
TITLE				4 4 4 - 3	1	
NAME . STREET ADDRESS			¢. Naj	4."	: ` 1 	ų.
CITY-ST-ZIP			No.	3	The state of the s	

12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained 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 signatural 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 trustree empowered of 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 accress, with an other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

4/7/08

727-447-16

Daytime Phone #