

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88096

FILED
Jan 10, 2011
Secretary of State

Entity Name: FAMILY LIFE CHIROPRACTIC, P.A.

Current Principal Place of Business:

131 GARDEN AVENUE, NORTH
CLEARWATER, FL 33755

New Principal Place of Business:

131 GARDEN AVENUE, NORTH
SUITE 100
CLEARWATER, FL 33755

Current Mailing Address:

131 GARDEN AVENUE, NORTH
CLEARWATER, FL 33755

New Mailing Address:

131 GARDEN AVENUE, NORTH
SUITE 100
CLEARWATER, FL 33755

FEI Number: 59-3017580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, JERE
800 N GLENWOOD AVE
CLEARWATER, FL 33755 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

OFFICERS AND DIRECTORS:

Title: DR.
Name: JARRETT, JERE
Address: 800 N GLENWOOD AVE
City-St-Zip: CLEARWATER, FL 33755

Title: DR.
Name: ARGALL, RICK
Address: 5648 CATAMARAN CT.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: DR RICK ARGALL

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01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date