2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P0000019057 1. Entity Name ALAN NATHANS FAMILY CHIROPRACTIC INC.				I		90242 013 ***150		
Principal Plac	e of Business	Mailing Address						
8552 BAYMEADOWS RD		8552 BAYMEADOWS RD						
JACKSONVILLE, FL 32256		JACKSONVILLE, FL 32256						
					\$1 61 \$1 16;			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address BAMILAOUS 12. Suite And Box BA			Aymerawsa					
Suite, Apt. #, etc. SuiTE: 2		Suite, Api. #, etc. Suite		04292008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number		A	optied For	
JACKSONVILL FL.		JACKSONVILLE 172		59-36309	53		ot Applicable	
3225	Country	2026 i	Country 2 SA-	5. Certificate of	Status Desired	\$8.75 Add		
0770	6. Name and Address of Current R		2-/\	7. Name and Ac	dress of New R	egistered Agent	-	
Name ,								
NATHANS, ALAN DR. 8552 BAYMEADOWS RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	VILLE, FL 32256							
			City			FL Zip Cod	e	
	named entity submits this statement for	the purpose of changing its re	egistered office or regist	lered agent, or both,	in the State of Flo	rida. I am familiar with,	and accept	
the obligat	ions ovegistered agent	معدا الما			. 1		~	
SIGNATURE.	Silve Jaus 1.	Han Nathans			4	-29-200	8_	
	Signature, typed or printed name of registered agent an	dille il applicable (NOLE)	Registered Agent signature regui	red when reinstaling)		DATE		
			·					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	n Financing \$	5.00 May Be	-	· ·	· ·	
After Ma	ay 1, 2008 Fee will be \$550.00	Trust Fund Contrib	n Financing \$	5.00 May Be	ANGES TO OFF	CERS AND DIRECTOR	S IN 11	
After Ma	ay 1, 2008 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contrib	n Financing \$ pution. Ac	5.00 May Be	- ANGES TO OFF	CERS AND DIRECTOR	S IN 11	
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2. I nereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report or suppliemental 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 aestress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

901-133-7393

Date

Daytime Phone #