

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047466

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** LABONTE FAMILY CHIROPRACTIC, INC.

**Current Principal Place of Business:**

4 PEARL DR SUITE 1  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

4 PEARL DR SUITE 1  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3643270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABONTE, WILLIAM T  
53 SHADOWCREEK WAY  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

LABONTE, WILLIAM T  
482 CHELSEA PLACE AVENUE  
ORMOND BEACH, FL 32174 US

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: WILLIAM LABONTE

04/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: LABONTE, WILLIAM T  
Address: 482 CHELSEA PLACE AVENUE  
City-St-Zip: ORMOND BEACH, FL 32174

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: WILLIAM T. LABONTE

PRES

04/15/2010

Electronic Signature of Signing Officer or Director

Date