

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120252

Entity Name: FAMILY CHIROPRACTIC OF CENTRAL FLORIDA, INC.

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750

**New Principal Place of Business:**

830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750

**New Mailing Address:**

830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750

FEI Number: 60-0001750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEADE, LONNIE  
830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750 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

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

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: MEADE, LONNIE  
Address: 830 E HWY 434  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LONNIE MEADE

DR.

04/04/2006

Electronic Signature of Signing Officer or Director

Date