

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120252

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** FAMILY CHIROPRACTIC OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

830 E HWY 434  
SUITE #1  
LONGWOOD, FL 32750

**New Mailing Address:**

**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.  
**Name:** MEADE, LONNIE  
**Address:** 830 E HWY 434  
**City-St-Zip:** LONGWOOD, FL 32750

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:** LONNIE MEADE

DR

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date