2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000044956

Entity Name: SILVA FAMILY CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6668 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

6668 S US HWY 1
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

6668 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

6668 S US HWY 1
PORT SAINT LUCIE, FL 34952 US

FEI Number: 04-3659913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, JOHN L
1644 SW HERDER RD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SILVA, JOHN L CEO
1644 SW HERDER RD
PORT ST LUCIE, FL 34953 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: JOHN SILVA 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: SILVA, JOHN L
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: SILVA, KAREN E
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SILVA, JOHN L CEO
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP (X) Change ( ) Addition
Name: SILVA, KAREN E VP
Address: 1644 SW HERDER RD
City-St-Zip: PORT ST LUCIE, FL 34953

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: JOHN SILVA CEO 04/28/2009
Electronic Signature of Signing Officer or Director Date