


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000030403		
1. Entity Name COASTAL FAMILY CHIROPRACTIC, P.A.		
Principal Place of Business 10504 S FEDERAL HWY PORT ST. LUCIE, FL 34952	Mailing Address 10504 S FEDERAL HWY PORT ST. LUCIE, FL 34952	



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0748397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEACH, ANDREW R 10504 S FEDERAL HWY PORT ST. LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000945692 05/30/08-80017-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEACH, ANDREW R 10504 S FEDERAL HWY PORT ST. LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEACH, ALLISON C 10504 S FEDERAL HWY PORT ST. LUCIE, FL 34952	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: DR. ANDREW LEACH 4/30/08 772-337-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #