2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P06000032960

Entity Name: GALLO FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4484997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLO, GIULIE
2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

GALLO, ANTHONY
2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 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: ANTHONY GALLO 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD (X) Delete
Name: GALLO, GIULIE
Address: 2929 N. UNIVERSITY DRIVE #204
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VTD ( ) Delete
Name: GALLO, ANTHONY
Address: 2929 N. UNIVERSITY DRIVE #204
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTDP (X) Change ( ) Addition
Name: GALLO, ANTHONY
Address: 2929 N. UNIVERSITY DRIVE #204
City-St-Zip: CORAL SPRINGS, FL 33065

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: ANTHONY GALLO P 04/22/2009
Electronic Signature of Signing Officer or Director Date