

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121050

FILED
Apr 30, 2009
Secretary of State

Entity Name: FIRST CHOICE CARE CHIROPRACTIC & REHABILITATION CENTER,INC

Current Principal Place of Business:

1082 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 4231
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELIZOR, FAUSTIN
6210 FAIRLAWN DR
ORLANDO, FL 32809 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: PD () Delete
Name: COPELAND, DIANA
Address: 13233 MILKIKARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COPELAND, DIANE
Address: 13233 MILKIKARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33446

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: DIANE COPELAND

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04/30/2009

Electronic Signature of Signing Officer or Director

Date