

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121050

FILED  
May 20, 2010  
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:**

1080 HAVENDALE BLVD NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P.O.BOX 4231  
WINTER HAVEN, FL 33885

**New Mailing Address:**

P.O.BOX 618758  
ORLANDO, FL 33861

**FEI Number:** 20-4898256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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:**

COPELAND, DIANE  
13233 MILITARY TRAIL  
DELRAY BEACH, FL 33446 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: DIANE COPELAND

05/20/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COPELAND, DIANE  
Address: 13233 MILITARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33446

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: DIANE COPELAND

PD

05/20/2010

Electronic Signature of Signing Officer or Director

Date