

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004822

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LICARI FAMILY CHIROPRACTIC, INC

## Current Principal Place of Business:

5208 EAST FOWLER AVENUE  
SUITE 1  
TAMPA, FL 33617

## New Principal Place of Business:

## Current Mailing Address:

5208 EAST FOWLER AVENUE  
SUITE 1  
TAMPA, FL 33617

## New Mailing Address:

FEI Number: 20-8217598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICARI, MELISSA  
5208 EAST FOWLER AVENUE  
SUITE 1  
TAMPA, FL 33617 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: DIR ( ) Delete  
Name: LICARI, MELISSA  
Address: 5208 EAST FOWLER AVENUE, SUITE 1  
City-St-Zip: TAMPA, FL 33617

Title: DIR ( ) Delete  
Name: LICARI, PETER V  
Address: 5208 EAST FOWLER AVENUE, SUITE 1  
City-St-Zip: TAMPA, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PETER V LICARI

DIR

04/28/2008

Electronic Signature of Signing Officer or Director

Date