2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092370

OCOEE, FL 34761

City-St-Zip:

Entity Name: TEAM LOPEZ CHIROPRACTIC, INC.

FILED Aug 05, 2008 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
15497 STONEYBROOK WEST PARKWAY SUITE 180 WINTER GARDEN, FL 34787			SUITE 180	15497 STONEYBROOK WEST PARKWAY SUITE 180 WINTER GARDEN, FL 34787	
Current Mailing Address:			New Mailing A	New Mailing Address:	
15497 STONEYBROOK WEST PARKWAY SUITE 180 WINTER GARDEN, FL 34787			15497 STONEYBROOK WEST PARKWAY SUITE 180 WINTER GARDEN, FL 34787		
FEI Number:	: 68-0498034	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
OCOEE, F	WOOD LANE L 34761 U		urpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LOPEZ, NASLY 1303 PINEWOO OCOEE, FL 34	OD LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	V () LOPEZ, FRANC 1303 PINEWOO		Title: Name: Address:	()Change ()Addition	

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: NASLY M. LOPEZ PRES 08/05/2008