

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001124

Entity Name: ALPHA FAMILY CHIROPRACTIC, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

800 PAUL STREET #A
ORLANDO, FL 32808

New Principal Place of Business:

4670 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

Current Mailing Address:

800 PAUL STREET #A
ORLANDO, FL 32808

New Mailing Address:

4670 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

FEI Number: 26-1697945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THEODORE, VANIA
9536 CASTLEFORD POINTE
ORLANDO, FL 32836 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: DP () Delete
Name: THEODORE, VANIA
Address: 9536 CASTLEFORD POINTE
City-St-Zip: ORLANDO, FL 32836

Title: S () Delete
Name: THEODORE, EDNER
Address: 9536 CASTLEFORD POINTE
City-St-Zip: ORLANDO, FL 32836

Title: T (X) Delete
Name: THEODORE, HENRY
Address: 930 HACIENDA CT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THEODORE, EDNER
Address: 9536 CASTLEFORD POINTE
City-St-Zip: ORLANDO, FL 32836

Title: S (X) Change () Addition
Name: THEODORE, VANIA
Address: 9536 CASTLEFORD POINTE
City-St-Zip: ORLANDO, FL 32836

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: EDNER THEODORE

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date