

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015003

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** CHIROPRACTIC LIFE CENTER, P.A.

**Current Principal Place of Business:**

2183 MARINER BLVD.  
SPRING HILL, FL 346093860 US

**New Principal Place of Business:**

**Current Mailing Address:**

2183 MARINER BLVD.  
SPRING HILL, FL 346093860 US

**New Mailing Address:**

FEI Number: 31-1429308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLENN, CHARLES R  
2183 MARINER BLVD.  
SPRING HILL, FL 346093860 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: PTS  
Name: GLENN, CHARLES R  
Address: 2183 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609

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: CHARLES R GLENN

PTS

01/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date