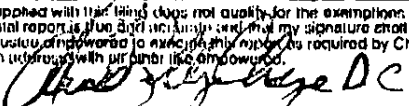


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000016959		
1. Entity Name CHEYNE FAMILY CHIROPRACTIC CENTRE, P.A.		
Principal Place of Business 5050 SOUTH 25TH STREET FORT PIERCE, FL 34981		Mailing Address 5050 SOUTH 25TH STREET FORT PIERCE, FL 34981
DO NOT WRITE IN THIS SPACE		
04232008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0814078 Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHEYNE, NICOLE K 5052 SOUTH 25TH STREET FORT PIERCE, FL 34981		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: _____ (Signature, typed or printed name of registered agent and the Registrant. (NOTE: Registered Agent signature must be either notarized or e-filed))		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEYNE, NICOLE K 5050 SOUTH 25TH ST FORT PIERCE, FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEYNE, GORDEN GREGORY 5050 SOUTH 25TH ST FORT PIERCE, FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and/or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with or without the above.		
SIGNATURE:  4/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR NICOLE KELLY CALHOUN, D.C.		

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05/20/08-80050-014 150.00

DO NOT WRITE
IN THIS SPACE