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

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000016959

1. Entity Name
CHEYNE FAMILY CHIROPRACTIC CENTRE, P.A.

Principal Place of Business	Mailing Address
5050 SOUTH 25TH STREET FORT PIERCE, FL 34981	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

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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: _____ DATE
Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when changing)

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	P
NAME	CHEYNE, NICOLE K
STREET ADDRESS	5050 SOUTH 25TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	VP
NAME	CHEYNE, GORDEN GREGORY
STREET ADDRESS	5050 SOUTH 25TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered 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 an attachment with an alteration with an ampersand.

SIGNATURE: Nicole Cheyne D.C. 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
NICOLE CHEYNE, D.C.