2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016959

FORT PIERCE, FL 34981

City-St-Zip:

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

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5052 SOUTH 25TH STREET 5050 SOUTH 25TH STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34981 **Current Mailing Address: New Mailing Address:** 5052 SOUTH 25TH STREET 5050 SOUTH 25TH STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34981 FEI Number: 65-0814078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHEYNE, NICOLE K 5052 SOUTH 25TH STREET FORT PIERCE, FL 34981 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHEYNE, NICOLE K Name: Name: 5050 SOUTH 25TH ST Address: Address: City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: () Delete Title: Title: () Change () Addition CHEYNE, GORDEN GREGORY Name: Name: 5050 SOUTH 25TH ST Address: 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: NICOLE KELLY CHEYNE PRES 04/22/2009