

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011643

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** DR. LISA'S FAMILY CHIROPRACTIC AND NATURAL HEALTH CARE, INC.

**Current Principal Place of Business:**

1114 FLORIDA AVE  
SUITE C  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1114 FLORIDA AVE  
SUITE C  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3554663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVELACE, WILLIAM K ESQ.  
2310 WEST BAY DR.  
LARGO, FL 33770 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: PD ( ) Delete  
Name: MARSH, LISA  
Address: 1114 FLORIDA AVE STE C  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LISA MARSH

PD

04/26/2009

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

\_\_\_\_\_  
Date