

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011643

FILED
Jan 16, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: MARSH, LISA
Address: 1114 FLORIDA AVE STE C
City-St-Zip: PALM HARBOR, FL 34683

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: LISA MARSH

DR.

01/16/2011

Electronic Signature of Signing Officer or Director

Date