2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043437

Address:

City-St-Zip:

2791 NW WINDERMERE DRIVE

JENSEN BEACH, FL 34957

Entity Name: LD CHIROPRACTIC, P.A.

FILED Jul 06, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
SUITE #20	MAPP ROAD)1 Y, FL 34990				
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
SUITE #20	MAPP ROAD)1 Y, FL 34990				
FEI Number:	: 65-1003052	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of				f New Registered Agent:	
SUITE #20 PALM CIT	MAPP ROAD)1 Y, FL 34990				
	e named entity e of Florida.	submits this statement for the i	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DEWITT, TRIC	DEMERE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VST () Delete EN	Title:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRICIA DEWITT PRES 07/06/2005