2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100405

Entity Name: WILLMITCH CHIROPRACTIC, P.A.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2320 WEST LINEBAUGH AVE 3750 GUNN HWY TAMPA, FL 33612 SUITE 2E

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

2320 WEST LINEBAUGH AVE 3750 GUNN HWY TAMPA, FL 33612 SUITE 2E TAMPA, FL 33618

FEI Number: 59-3749734 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:

WILLMITCH, MARTIN 2320 WEST LINEBAUGH AVE TAMPA, FL 33612 US WILLMITCH, MARTIN 3750 GUNN HWY SUITE 2E TAMPA, FL 33618 US

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: 03/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: WILLMITCH, MARTIN Name: WILLMITCH, MARTIN

Name:WILLMITCH, MARTINName:WILLMITCH, MARTINAddress:2320 WEST LINEBAUGH AVEAddress:3750 GUNN HWY, SUITE 2E

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33618

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: MARTIN WILLMITCH DR. 03/01/2005