

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020530

Entity Name: WINDMILL CHIROPRACTIC, P.A.

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

17160 ARVIDA PKWY., SUITE 1
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

17160 ARVIDA PKWY., SUITE 1
WESTON, FL 33326

New Mailing Address:

FEI Number: 48-1303172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, RICK J
1850 HIDDEN TRAIL LANE
WESTON, FL 33327 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEHAR, RICK
Address: 1850 HIDDEN TRAIL LANE
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: VP () Delete
Name: BROWNER, MARC
Address: 1607 ORION LANE
City-St-Zip: FORT LAUDERDALE, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: RICK BEHAR

D

06/28/2005

Electronic Signature of Signing Officer or Director

Date