2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12. 2005 08:00 AM

ANNOAL KLI OKI -					Wiai 12, 2005 00.00 A
DOCUMENT # P96000099821 1. Entity Name NORTH TRAIL CHIROPRACTIC CLINIC, INC.					Secretary of State
4530 TAMIA	e of Business MI TRAIL N, SUITE 2	Mailing Address 4530 TAMIAMI TRAIL N, SÙITE	2		
NAPLES, FL	34103	NAPLES, FL 34103	-	 	ia lena enno entri panti estin estin talle talle talle talle iladi tilbisali it teat
Г	O NOT WRITE	IN THIS SDA	^E	01072005	No Chg-P CR2E034 (10/03)
			<u> </u>	4. FEI Numb 59-341	3870 Not Applicable
	6 Name and Address of Current De	platavod 6 govt		5. Certificate	of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DISHAUZI, DAVID A DR					
4530 TAMIAMI TRAIL N, SUITE 2 NAPLES, FL 34103			DO NOT WRITE		
				IN	THIS SPACE
8. 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. I am familiar with, and accept					
the obligations of registered agent. SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees	U00000261293 03/14/05-80005-003_150_00
10.	ÖFFICERS AND DI	RECTORS			
TITLE	D DISHAHAI DAVID A DD		ł	•	
NAME STREET ADDRESS	DISHAUZI, DAVID A DR 4530 TAMIAMI TRAIL N, SUITE 2		1		
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239361-5333_ Daytime Phone #