

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

PD 150.00
ck 1766



04102005 No Chg-P CR2E034 (10/03)

DOCUMENT # P97000088681
 1. Entity Name
NEWBERRY CHIROPRACTIC HEALTH SERVICES, INC.



Principal Place of Business Mailing Address
 2441 NW 43RD ST. 2441 NW 43RD ST.
 #9 #9
 GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 US

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3464808 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
 FELHEIM, RHONDA S
 3930 SE 14 TERRACE
 GAINESVILLE, FL 32641

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000315927
 04/19/05-80054-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELHEIM, RHONDA S 3930 SE 14 TERRACE GAINESVILLE, FL 32641
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12. I hereby certify that the information supplied with this filing 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: *Rhonda S Felheim* 4/17/05 352-377-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #