2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005
Secretary of State

DOCUMENT# P04000165340

Entity Name: WE CARE CHIROPRACTIC, INC

Current Principal Place of Business:

913 METRO PLACE
264
ORLANDO, FL 32811

New Principal Place of Business:

800 PAUL STREET, SUITE A
ORLANDO, FL 32808

Current Mailing Address:

P O BOX 620001
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 20-1985881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MOISE, PIERRE C
913 METRO PLACE APT 264
ORLANDO, FL 32811 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: PIERRE C. MOISE 08/02/2005
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: THELUSMA, ROBERTO
Address: 6636 POMEROY CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: V (X) Delete
Name: VILSAINT, EVENS
Address: 1005 E. BUCHANON AVENUE APT 3
City-St-Zip: ORLANDO, FL 32809

Title: T (X) Delete
Name: MOISE, PIERRE
Address: 913 METRO PLACE APT 264
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete
Name: PIERRE, HENRY
Address: 6233 LYNETTE STREET
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERRE, HENRY C
Address: 6233 LYNETTE STREE
City-St-Zip: ORLANDO, FL 32808

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

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

Title: S (X) Change ( ) Addition
Name: PIERRE, HENRY C
Address: 6233 LYNETTE STREET
City-St-Zip: ORLANDO, FL 32809

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: HENRY C. PIERRE P 08/02/2005
Electronic Signature of Signing Officer or Director Date