

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000165340

Entity Name: WE CARE CHIROPRACTIC, INC

FILED
Aug 16, 2005
Secretary of State

Current Principal Place of Business:

800 PAUL STREET, SUITE A
ORLANDO, FL 32808

New Principal Place of Business:

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:

MOISE, PIERRE C
913 METRO PLACE APT 264
ORLANDO, FL 32811 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

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THELUSMA, ROBERTO
Address: 6636 POMEROY CIRCLE
City-St-Zip: ORLANDO, FL 32810

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

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

Title: S () Change (X) Addition
Name: PIERRE, HENRY
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: ROBERTO THELUSMA

P

08/16/2005

Electronic Signature of Signing Officer or Director

Date