


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # 487402	
1. Entity Name LAWRENCE CHIROPRACTIC CENTER, P.A.	

Principal Place of Business 2734 FOREST HILL BLVD. W. PALM BEACH, FL 33406	Mailing Address 2734 FOREST HILL BLVD. W. PALM BEACH, FL 33406
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02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1630860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH, FL
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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 James S. Lawrence JAMES S. LAWRENCE, PRESIDENT 2-24-05  
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 Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWRENCE, MARION ELAINE 2734 FOREST HILL BLVD. W. PALM BEACH, FL
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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)(f), 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: James S. Lawrence JAMES S. LAWRENCE 2-24-05 (561)965-4004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #