2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# 605134

Entity Name: HEISE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1935 STATE ROAD 436
WINTER PARK, FL 32792

New Principal Place of Business:

3592 ALOMA AVENUE
SUITE 3
WINTER PARK, FL 32792

Current Mailing Address:

1935 STATE ROAD 436
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-1522033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEISE, (DOUGLAS A.)
1935 STATE ROAD 436
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHILL, DR. C.D.
Address: 1935 SEMORAN BLVD
City-St-Zip: WINTER PARK, FL

Title: PST ( ) Delete
Name: HEISE, DOUGLAS A.
Address: 1935 SEMORAN BLVD
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete
Name: BOS, JOHN JEFF
Address: 820 DYSON DRIVE
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHILL, DR. C.D.
Address: 1935 SEMORAN BLVD
City-St-Zip: WINTER PARK, FL 32792

Title: PST (X) Change ( ) Addition
Name: HEISE, DOUGLAS A.
Address: 1935 SEMORAN BLVD
City-St-Zip: WINTER PARK, FL 32792

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

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: DOUGLAS A. HEISE, D.C., DACBN PRES 01/11/2005

Electronic Signature of Signing Officer or Director Date