2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2006
Secretary of State

DOCUMENT# F04000005620

Entity Name: ATHANS CHIROPRACTIC, INC.

Current Principal Place of Business:

6933 N. 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

101 N. FRANKLINS ST.
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 9435
MOBILE, AL 36691

New Mailing Address:

8703 BROADGREEN COURT
TAMPA, FL 33647

FEI Number: 63-1287427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATHANS, DEMETRIOS J DC
8703 BROADGREEN CT
TAMPA, FL 33647 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: P ( ) Delete
Name: ATHANS, DEMETRIOS J DC
Address: 8703 BROADGREEN CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: DEMETRIOS J. ATHANS, D.C. PRES 02/26/2006
Electronic Signature of Signing Officer or Director Date