


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H05400 1. Entity Name DODD CHIROPRACTIC CLINIC, P.A.	
---	---

Principal Place of Business 2025 PARK ST JACKSONVILLE, FL 32204	Mailing Address 2025 PARK ST JACKSONVILLE, FL 32204
---	---

**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2412796	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  DODD, DANIEL A. 2025 PARK ST JACKSONVILLE, FL 32204
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DODD, DANIEL A. 4426 PIRATES COVE ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DODD, APRIL A. 4426 PIRATES COVE ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

00000360965  
05/05/05-80057-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: x Daniel A. Dodd Dan Dodd March 15, 2005 904-388-1811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #