2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# H60049

Entity Name: PETRONE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

5516 US 98 NORTH
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5516 US 98 NORTH
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 59-2535980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETRONE, PETER J.
5516 US 98 N
LAKELAND, FL 33809 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: DP ( ) Delete
Name: PETRONE, PETER J.,
Address: 5516 US HWY 98 N
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: PETRONE, PETER J.,
Address: 5516 US HWY 98 N
City-St-Zip: LAKELAND, FL

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: PETER PETRONE DR. 04/19/2005

Electronic Signature of Signing Officer or Director Date