

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31420

FILED  
May 02, 2005  
Secretary of State

Entity Name: GULFCOAST CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

1201 N. HIGHLAND AVE.  
CLEARWATER, FL 34615

**New Principal Place of Business:**

**Current Mailing Address:**

1201 N. HIGHLAND AVE.  
CLEARWATER, FL 34615

**New Mailing Address:**

FEI Number: 59-2786602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TODD, ROBERT N.  
4175 EAST BAY DR.  
STE. 150  
CLEARWATER, FL 34624 US

**Name and Address of New Registered Agent:**

DUMONT, LYNNE  
1201 N. HIGHLAND AVE.  
CLEARWATER, FL 34615 US

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: LYNNE DUMONT

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUMONT, LYNNE,  
Address: 1201 N. HIGHLAND AVE.  
City-St-Zip: CLEARWATER, FL 33755

Title: DT ( ) Delete  
Name: RAGUSO, RICHARD P  
Address: 1201 N. HIGHLAND AVE.  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LYNNE DUMONT

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date