

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90371 001 ***150.00
04-28-2005 90371 002 *****8.75

DOCUMENT # M05824 1. Entity Name KUHN CHIROPRACTIC ASSOCIATES, P.A.					
Principal Place of Business 24 N.E. 14 AVENUE OCALA, FL 34470-6859			Mailing Address 24 N.E. 14 AVENUE OCALA, FL 34470-6859		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2450313	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KUHN, DONALD 24 N.E. 14 AVENUE OCALA, FL 34470				Name KUHN, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 24 N.E. 14th AVE. City OCALA FL Zip Code 34470	
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 DATE 4/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS KUHN, SARAH 24 N.E. 14 AVE. OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOUGLAS M. KUHN 24 N.E. 14 AVE OCALA, FL.
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KUHN, DONALD 24 N.E. 14 AVE. OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS LAUREN L. KUHN 24 N.E. 14 AVE OCALA, FL.
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KASMER, DIANE K 24 N.E. 14 AVE OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KASMER, DOUG S 24 N.E. 14 AVE OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 4/24/05 1-352-629-3330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					