


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90445 023 \*\*\*150.00

<b>DOCUMENT # M70781</b>		
1. Entity Name <b>MCKNIGHT CHIROPRACTIC CLINIC, P.A.</b>		
Principal Place of Business <b>% TERRY L. MCKNIGHT 36310 US 19 N PALM HARBOR FL 34684</b>		Mailing Address <b>36310 US 19 N PALM HARBOR FL 34684 US</b>
2. Principal Place of Business <b>17810 Forge Dr.</b>	3. Mailing Address <b>17810 Forge Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E034 (10/05)

City & State <b>Spring Hill, FLA.</b>	City & State <b>Spring Hill FLA.</b>	4. FEI Number <b>59-2878530</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34610</b>	Country <b>USA</b>	Zip <b>34610</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>MCKNIGHT, TERRY L. 36310 US 19 N PALM HARBOR FL 34684</b>		7. Name and Address of New Registered Agent Name <b>McKnight, Terry L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17810 Forge Dr.</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34610</b>	
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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 **Terry L. McKnight, D.C.** DATE **4/15/06**  
(Signature, typed or printed name of registered agent and title applicable) (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCKNIGHT, TERRY L</b> <b>36310 US 19 N</b> <b>PALM HARBOR FL 34684</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17810 Forge Dr</b> <b>Spring Hill, FLA.</b> <b>34610</b>
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
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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 exemptions contained in Section 119, 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: **Terry L. McKnight, D.C.** DATE **4/15/06** (352) 799-7612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #