04/29/2005 08:28 7275242874 PRECISION

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90984 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M85790

1. Entity Name
COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC CENTER, P.A.

Principal Place of Business	Mailing Address
225 FIFTH AVENUE SUITE #1 INDIALANTIC, FL 32903 US	225 FIFTH AVENUE SUITE #1 INDIALANTIC, FL 32903 US

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1501 Robert J Conlan Blvd NE		1501 Robert Conlan Blvd NE	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3	
City & State: Palm Bay, FL		City & State: Palm Bay, FL	
Zip: 32905	Country: USA	Zip: 32905	Country: USA

4. FEI Number: 59-2895599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, STANTON T.
COOPER CHIROPRACTIC CLINIC
225 FIFTH AVENUE SUITE #1
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1501 Robert Conlan Blvd NE
#2
City: Palm Bay FL Zip Code: 32905

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 X [signature] X 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP NAME: COOPER, STANTON T. STREET ADDRESS: 225 FIFTH AVENUE SUITE #1 CITY-ST-ZIP: INDIALANTIC, FL 32903	☐ Delete	TITLE: NAME: STREET ADDRESS: 1501 Robert J Conlan Blvd NE, #3 CITY-ST-ZIP: Palm Bay, FL 32905 ☒ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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 [signature] X 4-29-05 X 321-726-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #