

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000008866

1. Entity Name
LAKE PLACID CHIROPRACTIC CLINIC, INC.



Principal Place of Business
**2 SOUTH MAIN ST.
STE. 202
LAKE PLACID, FL 33852**

Mailing Address
**2 SOUTH MAIN ST.
STE. 202
LAKE PLACID, FL 33852**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0980085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARK, ROBERT T D.C.
6100 HIGHLAND ST.
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

TITLE P	CLARK, ROBERT T
NAME	
STREET ADDRESS	6100 HIGHLAND STREET
CITY-STATE-ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
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STREET ADDRESS	
CITY-STATE-ZIP	

11000000173093
01/07/05-80003-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert T. Clark **Robert T. Clark** **1/5/05** **863 688 6824**