

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90327 022 ***150.00

| | | | | | |
|--|------------------------|---------------------------------|--|--|--|
| DOCUMENT # P00000043782 | | | |  | |
| 1. Entity Name JULINGTON CREEK CHIROPRACTIC AND WELLNESS CENTER, P.A. | | | | | |
| Principal Place of Business 210 N. RIDGECREST LN #200 JACKSONVILLE, FL 32259 | | | Mailing Address 210 N. RIDGECREST LN #200 JACKSONVILLE, FL 32259 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 22-3604666 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAHMANN, THOMAS 200 N. RIDGECREST LN JACKSONVILLE, FL 32259 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAHMANN, THOMAS | <input type="checkbox"/> Delete | | NAME | <i>Laumann Thomas</i> |
| STREET ADDRESS | 200 N RIDGECREST LN | | | STREET ADDRESS | <i>210 W. Ridgecrest Ln Suite 200</i> |
| CITY-ST-ZIP | JACKSONVILLE, FL 32259 | | | CITY-ST-ZIP | <i>Jacksonville, FL 32259</i> |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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 or without other like empowered. | | | | | |
| SIGNATURE: <i>Thomas Laumann</i> | | | | Date: <i>4/11/05</i> Daytime Phone #: <i>904230-0080</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

50039597



02032005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

| | |
|--|-------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| NAME | LAHMANN, THOMAS | | | NAME | <i>Laumann Thomas</i> | | |
| STREET ADDRESS | 200 N RIDGECREST LN | | | STREET ADDRESS | <i>210 W. Ridgecrest Ln Suite 200</i> | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32259 | | | CITY-ST-ZIP | <i>Jacksonville, FL 32259</i> | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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SIGNATURE: *Thomas Laumann* Date: *4/11/05* Daytime Phone #: *904230-0080*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR