2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# P00000094364

Entity Name: CHIROPRACTIC HEALTH AND WELLNESS CENTERS OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

1803 BOULEVARD
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3530 BRIDGWOOD DR.
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3679834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORT, PETER A
3530 BRIDGEWOOD DR.
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FORT, PETER A
Address: 3530 BRIDGEWOOD DR.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER FORT CEO 03/20/2005

Electronic Signature of Signing Officer or Director Date