

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000115905**

1. Entity Name  
MCGRATH COMMUNITY CHIROPRACTIC, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
9970 SAILVIEW CT., UNIT 15 9970 SAILVIEW CT., UNIT 15  
FT. MYERS, FL 33905 FT. MYERS, FL 33905



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1064072 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCGRATH, JOHN  
9970 SAILVIEW CT., UNIT 15  
FT. MYERS, FL 33905

**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

1100000220494  
02/08/05-80072-013 150.00

**10. OFFICERS AND DIRECTORS**

|                 |                            |
|-----------------|----------------------------|
| TITLE           | D                          |
| NAME            | MCGRATH, JOHN              |
| STREET ADDRESS  | 9970 SAILVIEW CT., UNIT 15 |
| CITY - ST - ZIP | FT. MYERS, FL 33905        |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

**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 #