2005 FOR PROFIT CORPORATION

ANNUAL REPORT

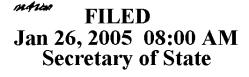
DOCUMENT # P00000117733

GIFFORD CHIROPRACTIC & NEURODIAGNOSTIC CENTER, P.A.



01212005

Principal Place of Business Mailing Address 4930 GOLDEN GATE PARKWAY 4930 GOLDEN GATE PARKWAY NAPLES, FL 34116 NAPLES, FL 34116





CR2E034 (10/03)

No Chg-P

DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3698641 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE GIFFORD, BRUCE A 4930 GOLDEN GATE PARKWAY NAPLES, FL 34116 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, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 ... After May 1, 2005 Fee will be \$550.00 . 🔟 Trust Fund Contribution." OFFICERS AND DIRECTORS GIFFORD, BRUCE A 4930 GOLDEN GATE PARKWAY NAPLES, FL 34116

STREET ADDRESS City-ST-ZIP TITLE i i Innhangsinas divirt NAME 01/26/05-800**43-015**-190.**0**0 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

10. TITLE

NAME