


### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000020272</b>	
1. Entity Name <b>CITADEL CHIROPRACTIC, P.A.</b>	

Principal Place of Business <b>444 W. BOYNTON BEACH BLVD. SUITE E BOYNTON BEACH, FL 33435</b>	Mailing Address <b>444 W. BOYNTON BEACH BLVD. SUITE E BOYNTON BEACH, FL 33435</b>
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**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1077516</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ALEXANDRE, WEDLER A 444 W. BOYNTON BEACH BLVD. SUITE E BOYNTON BEACH, FL 33435</b>
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**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 of principal or other person authorized to register agent and file this certificate. (NOTE: Registered Agent's signature required when re-registering.) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contributor. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PSTO</b>	NAME <b>ALEXANDRE, WEDLER A</b> STREET ADDRESS <b>444 W. BOYNTON BEACH BLVD STE E</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33435</b>
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05/06/05-80035-002.150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **5/2/05** Date Daytime Phone #