



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90050 030 \*\*\*150.00

<b>DOCUMENT # P01000034400</b> 1. Entity Name BETTER HEALTH CHIROPRACTIC, P.A.					
Principal Place of Business 6166 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34429				Mailing Address 6166 W. Hwy. 44 CRYSTAL RIVER, FL 34429	
2. Principal Place of Business ditto		3. Mailing Address Same as #2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		03222005    Chg-P    CR2E034 (10/03)	
4. FEI Number 59-3715820				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCFARLAND, CHERYL D 5299 W. PINE RIDGE BLVD. BEVERLY HILLS, FL 34465			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u>Cheryl D McFarland, Pres</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	DP MCFARLAND, CHERYL D DC 5299 W. PINE RIDGE BLVD. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HOLLAND, LINDA ELLEN DC 38225 HAZEL HARRISON TOWNSHIP, MI 48045	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					
SIGNATURE: <u>Cheryl D McFarland, Pres</u> 323-05352-795-8911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					