2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# P01000034400

Entity Name: BETTER HEALTH CHIROPRACTIC, P.A.

Current Principal Place of Business:

6166 W. GULF TO LAKE HWY 44
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

6166 W. GULF TO LAKE HWY 44
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3715820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFARLAND, CHERYL D
5299 W. PINE RIDGE BLVD.
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

MCFARLAND-BRYANT, CHERYL D
12255 E. RAINTREE CT
INVERNESS, FL 34450 US

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: CHERYL MCFARLAND-BRYANT 02/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MCFARLAND, CHERYL D DC
Address: 5299 W. PINE RIDGE BLVD.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DV ( ) Delete
Name: HOLLAND, LINDA ELLEN DC
Address: 38225 HAZEL
City-St-Zip: HARRISON TOWNSHIP, MI 48045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MCFARLAND, CHERYL D DC
Address: 12255 E. RAINTREE CT
City-St-Zip: INVERNESS, FL 34450

Title: DV (X) Change ( ) Addition
Name: HOLLAND, LINDA E DC
Address: 38225 HAZEL
City-St-Zip: HARRISON TOWNSHIP, MI 48045

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHERYL MCFARLAND-BRYANT PRES 02/06/2006
Electronic Signature of Signing Officer or Director Date