2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P01000041460

Entity Name: SEMINOLE CHIROPRACTIC, INJURY & WELLNESS CENTER, INC.

Current Principal Place of Business:

10875 PARK BLVD
STE B-2
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10875 PARK BLVD
STE B-2
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3715094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ELAINE L
7131 122ND WAY
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NICKSE, STEPHEN
Address: 11248 106TH AVE
City-St-Zip: LARGO, FL 33778

Title: ST ( ) Delete
Name: SMITH, ELAINE
Address: 7131 122ND WAY N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE L. SMITH ST 01/06/2005

Electronic Signature of Signing Officer or Director — Date