

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048865

FILED
Jan 11, 2005
Secretary of State

Entity Name: ROSEMONT CHIROPRACTIC HEALTH & REHABILITATION, P.A.

Current Principal Place of Business:

5598 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5598 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3718361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, ALEXANDER PRESIDE
20 N. ORANGE AVENUE
SUITE 407
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CAMACHO, ALEXANDER PRESIDE
5598 N. ORANGE BLOSSOM TR.
ORLANDO, FL 32810 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: _____

Electronic Signature of Registered Agent

01/11/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CAMACHO, ALEXANDER
Address: PO BOX 878
City-St-Zip: PLYMOUTH, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEXANDER CAMACHO, DC

Electronic Signature of Signing Officer or Director

PSD

01/11/2005

Date