2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P01000080955

Entity Name: LAS OLAS CHIROPRACTIC, INC.

Current Principal Place of Business:

1427 E. COMMERICAL BLVD.
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

6220 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-1134796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ENNIS, AMY E
6220 N FEDERAL HWY
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ORTA, AMY E
6220 N FEDERAL HWY
FT. LAUDERDALE, FL 33308 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: AMY E. ORTA 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ENNIS, AMY E
Address: 6220 N FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ORTA, AMY E
Address: 6220 N FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308 US

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: AMY E. ORTA D 04/22/2005
Electronic Signature of Signing Officer or Director Date