**FILED**
**Jul 15, 2005 8:00 am**
**Secretary of State**
07-15-2005 90024 003 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021870

1. Entity Name
BACK IN LINE CHIROPRACTIC CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6991 W. BROWARD BLVD.<br>PLANTATION, FL 33317 | 6991 W. BROWARD BLVD.<br>PLANTATION, FL 33317 |

07112005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 03-0400649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MARCIANTE, PETER B<br>6991 W BROWARD BLVD STE 107<br>FORT LAUDERDALE, FL 33317 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LUCI LOPEZ, BARBARA DR.<br>5650 S.W. 5TH STREET<br>PLANTATION, FL 33317 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LUCI LOPEZ, BARBARA DR.<br>6991 W. BROWARD BLVD., STE 107<br>PLANTATION, FL 33317 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>LUCI LOPEZ, BARBARA DR.<br>5650 S.W. 5TH STREET<br>PLANTATION, FL 33317 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>LUCI LOPEZ, BARBARA DR.<br>~~6991 W. BROWARD BLVD., STE 107~~<br>PLANTATION,FL 33317 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BENNY MARCIANTE, PETER DR.<br>5650 S.W. 5TH STREET<br>PLANTATION, FL 33317 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BENNY MARCIANTE, PETER DR.<br>6991 W. BROWARD BLVD, STE 107<br>PLANTATION, FL 33317 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 7/11/05 954-584-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #