


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90024 003 ***150.00

DOCUMENT # P02000032932	
1. Entity Name CHIROPRACTIC SPINAL HEALTH, INC.	

Principal Place of Business 15038 N.E. 6TH AVENUE NORTH MIAMI FL 33161	Mailing Address 15038 N.E. 6TH AVENUE NORTH MIAMI FL 33161
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2. Principal Place of Business	3. Mailing Address 2775 Sunny Isles Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 150
City & State	City & State North Miami Beach, Florida
Zip	Zip 33160
Country	Country U.S.A



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0575612		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FELDMAN, LANNY M 1500 NW 49TH STREET SUITE 608 FORT LAUDERDALE FL 33309		7. Name and Address of New Registered Agent Name GARRETT WEINSTEIN Street Address (P.O. Box Number is Not Acceptable) 2775 Sunny Isles Blvd. Suite 150 City North Miami Beach FL Zip Code 33160

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  **D.C. GARRETT WEINSTEIN, D.C. President** 2/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, GARRETT R 15038 N.E. 6TH AVENUE NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **D.C. GARRETT WEINSTEIN, D.C. President** 2/14/05 305-949-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #