

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90346 034 \*\*\*150.00

**DOCUMENT # P02000044956**

**1. Entity Name**  
**SILVA FAMILY CHIROPRACTIC CENTER INC.**



**Principal Place of Business**  
**6668 S US HWY 1**  
**PORT SAINT LUCIE, FL 34952**

**Mailing Address**  
**6668 S US HWY 1**  
**PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**04-3659913**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SILVA, JOHN L**  
**2502 SW KENILWORTH STREET**  
**PORT ST LUCIE, FL 34953**

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IN THIS SPACE**

**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** *[Signature]* **President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4-

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D**  
**NAME** **SILVA, JOHN L**  
**STREET ADDRESS** **2502 SW KENILWORTH STREET**  
**CITY-ST-ZIP** **PORT ST LUCIE, FL 34953**

**TITLE** **D**  
**NAME** **SILVA, KAREN E**  
**STREET ADDRESS** **2502 SW KENILWORTH STREET**  
**CITY-ST-ZIP** **PORT ST LUCIE, FL 34953**

**TITLE**  
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**STREET ADDRESS**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:** *[Signature]*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JOHN L. SILVA**

**4-20-05 772 429-8800**

**Date**

**Daytime Phone #**